

PDA NOTICE OF INFORMATION AND PRIVACY PRACTICES. THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are committed to protecting the confidentiality of your health information, and are required by law to do so. This notice describes how we may use your health information within PDA and how we may disclose it to others outside PDA. This notice also describes the rights you have concerning your own health information. We must follow the obligations described in this notice and give you a copy of it. Please review this notice carefully and let us know if you have questions.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We are allowed or required to use or disclose health information about you for certain purposes without your authorization. Certain uses and disclosures of your health information, however, require your authorization. The following are ways in which we may use or share your health information:

TREATMENT:

We may use your health information to provide you with dental treatment or services, such as cleaning or examining your teeth or performing dental procedures. We may also disclose your health information to others who need that information to treat you, such as dental specialists, physicians, nurses, technicians, and other professionals involved in your care. We also may use and disclose your health information to contact you to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you. Additionally, we may use artificial intelligence technology that receives data about you and is used by your dentist to assist with treating or managing your health condition.

PAYMENT:

We may use and disclose your health information to insurers and health plans to get paid for the services or supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your health information before they will pay us for your treatment.

APPOINTMENT REMINDERS:

We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

FAMILY MEMBERS AND OTHERS INVOLVED IN YOUR CARE:

Unless you object, we may disclose your health information to a family member or close friend who is involved in your healthcare, or to someone who helps to pay for your care. We also may disclose your health information to disaster relief organizations to help locate a family member or friend in a disaster.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS:

We may disclose information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

DE-IDENTIFIED INFORMATION AND LIMITED DATA SETS:

We may use and disclose your health information to create de-identified information or limited data sets, and may use and disclose such information as permitted by law. Once de-identified, the information is no longer subject to this Notice.

YOUR RIGHTS

MARKETING/SALE OF INFORMATION:

We will never sell your information or share your information for marketing purposes unless you give us written permission. However, we may use and disclose your protected health information to communicate face-to-face with you to encourage you to purchase or use a product or service, or to provide a promotional gift of nominal value to you. We may also contact you with information that is health-related, but not marketing, such as contacts to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be useful to you. If we contact you for any fundraising efforts, you can ask that we not contact you again.

WHAT ARE YOUR RIGHTS? RIGHT TO REQUEST YOUR HEALTH INFORMATION:

You have the right to look at your own health information and to get a copy of that information. Please note that exceptions may apply as provided by law. (The law requires us to keep the original record.) This includes your health record, your billing record, and other records we use to make decisions about your care. To request your health information, call or write to the Privacy Officer. If you request a physical copy of your information, we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can receive your record electronically at no cost.

INFORMATION WITH ADDITIONAL PROTECTION:

Certain types of health information have additional protection under state and federal law. For instance, most psychotherapy notes and health information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, reproductive health, and evaluation and treatment for a serious mental illness is treated differently than other types of health information. For those types of information, PDA is required to get your permission (or obtain attestation as required) before disclosing that information to others in many circumstances.

RIGHT TO REQUEST AMENDMENT OF HEALTH INFORMATION YOU BELIEVE IS ERRONEOUS OR INCOMPLETE:

If you examine your health information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your health information, submit a written request to the privacy officer at the address above. We may deny your request but we will respond to your request with an explanation within 60 days.

RIGHT TO BE NOTIFIED FOLLOWING A BREACH OF UNSECURED PHI:

You have the right and will be notified if your health information has been breached as soon as possible, but in any event, no later than sixty (60) days following our discovery of the breach.

YOUR WRITTEN AUTHORIZATION FOR ANY OTHER USE OR DISCLOSURE OF YOUR HEALTH INFORMATION:

If PDA wishes to use or disclose your health information for a purpose that is NOT discussed in this notice, PDA will seek your authorization. If you give your authorization to PDA, you may take back that authorization at any time, unless we have already relied on your authorization to use or disclose information. If you would ever like to revoke your authorization, please notify the Privacy Officer.

RIGHT TO GET A LIST OF CERTAIN DISCLOSURES OF YOUR HEALTH INFORMATION:

You have the right to request a list of many of the disclosures we make of your health information. If you would like to receive such a list, submit a written request to the address below. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost and you may choose to modify or withdraw your request at that time.

RIGHT TO CHOOSE A REPRESENTATIVE:

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has the authority and can act for you before we take any action.

RESTRICTIONS ON DISCLOSURE OF PHI TO HEALTH PLAN:

PDA must abide by a request to restrict disclosure of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item of service for which the individual has paid out of pocket in full.

CHANGES TO THIS NOTICE:

From time to time, we may change our practices concerning how we use or disclose patient health information, or how we will implement patient rights concerning their information. We reserve the right to change this notice and to make the provisions in our new Notice effective for all health information we maintain. If we change these practices, we will post a revised Notice of Privacy Practices at our office. You can get a copy of our current Notice of Privacy Practices at any time by requesting one from the Privacy Officer.

RIGHT TO REQUEST RESTRICTIONS ON HOW PDA WILL USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS:

You have the right to ask us NOT to make uses or disclosures of your health information to treat you, to seek payment for care, or to operate the system. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Privacy Officer and describe your request in detail.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:

You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please discuss this with your caregiver, or submit a written request to the Privacy Officer. You can also ask to speak with your health care providers in private outside the presence of other patients – just ask them.

LANGUAGE ASSISTANCE

To the extent required by law, we provide free language assistance services and appropriate auxiliary aids and related services upon request to patients. Please contact our Privacy Officer for more information.

QUESTION AND COMPLAINTS:

If you want more information about our privacy policies or have questions or concerns, please speak with the Practice Owner at the dental practice or call or write to the Privacy Office noted at the end of this Notice.

If you are concerned that we may have violated any of your rights, or you disagree with a decision we made about access to your dental information or in response to a request you made in accordance with your rights and the above instructions, you may complain to us in writing delivered to:

Privacy Office Professional Dental Alliance
Attn: Sheila Sarabia
125 Enterprise Dr. Suite 200
Pittsburgh, PA 15275
Telephone: 724-698-2967

You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate in any way if you choose to file a complaint with us or the Secretary.

If you would like a copy of this Notice for your personal records, please ask for a copy at the Front Desk. We will also have copies generally available in the Front Desk area of our dental practices.

Special Section: Substance Use Disorder (SUD) Records - 42 CFR Part 2

Because our practice may receive or maintain Substance Use Disorder (SUD) treatment records protected by 42 CFR Part 2, these records have extra federal confidentiality protections beyond standard HIPAA rules.

When These Rules Apply

Part 2 protections apply when SUD information originates from a federally assisted SUD program or is otherwise classified as a Part 2 record. If such information enters your dental record—for example, through referrals, shared health system records, or patient-provided treatment documentation—it becomes subject to these heightened protections.

Enhanced Privacy Protections

Part 2 prohibits most disclosures of SUD records without patient consent, even in situations where HIPAA would typically allow disclosure.

Redisclosure Restrictions

If we receive SUD/Part 2 records, we may redisclose them only in ways permitted by HIPAA and Part 2. Importantly, Part 2 records generally cannot be used in civil, criminal, administrative, or legislative proceedings against you without your written consent or a qualifying court order.

Single Consent for Treatment, Payment, and Operations

Under the 2024 Final Rule, you may choose to provide a single consent that allows us to use or disclose Part 2 records for:

- Treatment
- Payment
- Health Care Operations

This aligns Part 2 more closely with HIPAA while keeping stricter protections.

Required Disclosure Notice

Whenever we disclose SUD information with your consent, the following statement must accompany it: “42 CFR Part 2 prohibits unauthorized use or disclosure of these records.”

Your Part 2 Rights

In addition to HIPAA rights, you may have the right to:

- Revoke your Part 2 consent at any time
- File complaints about violations of SUD confidentiality
- Receive notice about how your SUD information is used or protected