NOTICE OF PRIVACY PRACTICES

Effective Date: 06/12/2025

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

We are required by federal and state law to maintain the privacy of your health information ("protected health information" or "PHI"). We must follow the privacy practices described in this Notice while it is in effect. We may change our privacy practices and this Notice at any time, and changes will apply to all PHI we maintain. You may request a current copy of this Notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

- **Treatment:** We use and share your PHI to provide, coordinate, or manage your healthcare.
- **Payment:** We use and disclose PHI to bill and receive payment for services.
- **Healthcare Operations:** We use PHI for activities like quality assessment, staff training, and licensing.
- **Authorization:** Uses and disclosures other than treatment, payment, or healthcare operations require your written authorization. You may revoke your authorization at any time in writing, except for disclosures already made.
- **Family and Friends:** We may share PHI with family or others involved in your care if you agree or do not object, or in emergencies or incapacity, based on professional judgment.
- **Required by Law:** We may disclose PHI when required by law, including for public health, law enforcement, or court orders.
- **Abuse and Neglect:** We may report PHI if we suspect abuse, neglect, or domestic violence as allowed or required by law.
- **National Security and Military:** We may disclose PHI to authorized federal officials for national security or to military authorities if applicable.
- **Appointment Reminders and Health Benefits:** We may contact you via phone, voicemail, text, email, or mail with reminders or information about treatment options and health-related benefits. You may request alternative communication methods in writing.

BREACH NOTIFICATION

We will notify you if there is a breach of your unsecured PHI as required by law.

YOUR RIGHTS

- **Access:** You may request to see or get copies of your PHI. We may charge reasonable fees for copying and mailing.
- **Amendment:** You may ask us to correct your PHI; we may deny requests under certain conditions.
- **Accounting of Disclosures:** You may request a list of certain disclosures made in the last six years (first request free, others may have a fee).
- **Restrictions:** You may request limits on uses or disclosures; we are not required to agree except if you pay out of pocket for a service and request we not share it with your insurer.
- **Alternative Communications:** You may request that we communicate with you by alternative means or locations; we will accommodate reasonable requests.
- **Electronic Notice:** If you get this Notice electronically, you can request a paper copy.

TEXT AND EMAIL COMMUNICATION

By providing your phone number or email, you consent to receive health information, appointment reminders, billing notices (including past due balances), and updates via text or email. Standard message and data rates may apply. Email communications are not encrypted. You may opt out at any time by notifying us in writing.

CONTACT INFORMATION & COMPLAINTS

If you have questions, want more information, or wish to file a complaint, contact:

Woolf Dental
Attn: Dallas Woolf, D.D.S
342 N. Val Vista Dr., #104, Mesa, AZ 85213
Phone: (480) 734-2080

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.