NOTICE OF PRIVACY PRACTICES

Newton & Concord Orthodontics

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

Effective Date: February 16, 2026

Newton & Concord Orthodontics is dedicated to safeguarding your Protected Health Information (PHI). This Notice outlines how we may use and disclose your PHI for treatment, payment, healthcare operations, and other legally permitted or required purposes.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed for:

- Treatment: To provide and manage your dental care.
- Payment: To bill for services.
- Healthcare Operations: For activities like quality assessment.
- Required by Law: When federal, state, or local law mandates disclosure.
- Public Health Activities: Such as reporting suspected child abuse.

II. SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

If we handle records protected by 42 CFR Part 2 concerning SUD treatment, specific rules apply:

- Consent Required: Disclosure of SUD treatment records outside of treatment, payment, healthcare operations, or legal requirements needs your written consent.
- Legal Proceedings Limitation: Part 2 records and related testimony cannot be used in legal proceedings against you without your written consent or a specific court order.
- Redisclosure Prohibition: If we receive SUD records from a Part 2 program, we will not redisclose this information unless permitted by regulations or your consent.

III. USES AND DISCLOSURES REQUIRING AUTHORIZATION

Any other uses or disclosures require your written authorization, which you can revoke in writing.

IV. YOUR RIGHTS REGARDING YOUR PHI

- Right to Inspect and Copy: You can access and obtain copies of your PHI.
- Right to Amend: You can request corrections to your record.
- Right to an Accounting of Disclosures: You can request a list of certain disclosures.
- Right to Request Restrictions: You can ask for limits on how we use or disclose your PHI.
- Right to Opt-Out of Fundraising: You have the option to not receive fundraising communications.

V. OUR DUTIES

- We must protect your PHI privacy and provide this notice.
- We must follow the current Notice.
- We will inform you of any breach of your unsecured PHI.

VI. COMPLAINTS

You can file a complaint with our Privacy Official or HHS if you believe your privacy rights are violated. There will be no retaliation for filing a complaint.

Privacy Official Contact:

_____

Name

_____

Newton & Concord Orthodontics address

_____

Phone

_____

Email

Acknowledgement of Receipt of Notice of Privacy Practices

Newton & Concord Orthodontics

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this Newton & Concord Orthodontics's Notice of Privacy Practices.

Print Name:_____

Signature:_____

Date:_____

I hereby give my permission to discuss all aspects of my dental treatment to the individuals listed below:

____ Mother	_____ Daughter
____ Father	_____ Husband
____ Son	_____ Wife

Other (Please Specify) _____

For Newton & Concord Orthodontics Use Only

_____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

_____

_____

_____

Acknowledgement of Receipt of HIPAA Policies and Procedures

Newton & Concord Orthodontics

I have received and reviewed a copy of Newton & Concord Orthodontics's privacy, security and breach notification policies and procedures.

I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

Print Name:_____

Signature:_____

Date:_____