BUSCHBACH DENTAL

NOTICE OF PRIVACY PRACTICES

Effective Date: September 9, 2026

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

Buschbach Dental is committed to protecting the privacy and confidentiality of your health information. This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI), your rights regarding your health information, and our responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws. This Notice applies to health information maintained by Buschbach Dental.

Our Responsibilities

- Maintain the privacy and security of your Protected Health Information.
- Provide you with this Notice explaining our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you following a breach of unsecured Protected Health Information when required by law.
- Accommodate reasonable requests regarding how we communicate with you, as required by law.

We will not use or disclose your health information except as described in this Notice or as otherwise permitted or required by law.

How We May Use and Disclose Your Health Information

HIPAA permits us to use and disclose your health information for certain purposes without obtaining your written authorization.

Treatment

We may use and disclose your health information to provide, coordinate, and manage your dental care. For example, we may share relevant information with another dentist, dental specialist, physician, dental laboratory, pharmacy, or other healthcare professional involved in your treatment.

Payment

We may use and disclose your health information to obtain payment for services provided to you. For example, we may provide information to your dental insurance company to verify coverage, submit claims, obtain payment, or determine benefits.

Healthcare Operations

We may use and disclose your health information for activities necessary to operate our dental practice. These may include quality assessment and improvement, staff training, business management, compliance activities, auditing, legal services, credentialing, and patient service improvement.

Appointment Reminders and Communications

We may use your health information to contact you regarding appointment confirmations, reminders, scheduling or rescheduling, treatment follow-ups, and information related to your dental care. Depending on the contact information and preferences you provide, communications may occur by telephone, voicemail, text message, email, mail, or another appropriate method.

Treatment Alternatives and Health-Related Services

We may contact you with information about treatment alternatives, benefits, services, or other health-related information that may be relevant to your care, as permitted by law.

Individuals Involved in Your Care

Unless you object, or when otherwise permitted by law, we may disclose information relevant to your care to a family member, friend, caregiver, or another person you identify as being involved in your care or payment for your care. We will use professional judgment when determining what information is appropriate to disclose.

Business Associates

Buschbach Dental may use outside companies or individuals to perform services on our behalf, including billing, insurance claims, dental laboratories, electronic health records, appointment scheduling, data storage, information technology, practice management, and legal or accounting services. When required by HIPAA, these organizations are considered Business Associates and must appropriately safeguard Protected Health Information they receive or maintain on our behalf.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your Protected Health Information without your written authorization in circumstances permitted or required by law, including:

- When required by federal, state, or local law.
- Public health activities.
- Reporting suspected abuse, neglect, or domestic violence when authorized or required by law.
- Health oversight activities.
- Judicial and administrative proceedings.
- Certain law-enforcement purposes.
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation.
- Certain research activities permitted by law.
- Preventing or reducing a serious threat to health or safety.
- Certain government functions.
- Workers' compensation and similar programs.

Any such disclosure will be made in accordance with applicable legal requirements.

Uses and Disclosures Requiring Your Authorization

For uses or disclosures of your Protected Health Information not otherwise permitted or required by law, we will obtain your written authorization. Where HIPAA requires authorization, this includes certain uses and disclosures involving marketing, sale of Protected Health Information, and certain uses and disclosures of psychotherapy notes, if applicable. If you provide written authorization, you may generally revoke that authorization in writing at any time. Your revocation will not affect actions already taken in reliance on your authorization.

Your Rights Regarding Your Health Information

Right to Inspect and Obtain a Copy

You generally have the right to inspect and obtain a copy of health and billing information maintained about you in a designated record set. You may request an electronic or paper copy where applicable. Certain limited information may be

excluded from access as permitted by law. We may charge a reasonable, cost-based fee where permitted by law.

Right to Request an Amendment

If you believe information in your dental or health record is incorrect or incomplete, you may request that we amend it. We may deny the request under certain circumstances permitted by law. If your request is denied, you may have the right to submit a statement of disagreement.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your Protected Health Information made by Buschbach Dental. The accounting does not include every type of disclosure; for example, certain disclosures for treatment, payment, or healthcare operations generally are not included.

Right to Request Restrictions

You may ask us to restrict certain uses or disclosures of your Protected Health Information for treatment, payment, or healthcare operations. We are generally not required to agree to all requested restrictions. However, if you pay for a healthcare item or service in full out of pocket and request that we not disclose information about that item or service to your health plan for payment or healthcare operations, we will comply when required by law.

Right to Request Confidential Communications

You may ask us to communicate with you about your health information in a particular way or at a particular location. We will accommodate reasonable requests as required by law.

Right to Receive a Paper Copy

You have the right to receive a paper copy of this Notice at any time, even if you agreed to receive it electronically. Please contact our office if you would like a paper copy.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney or another individual is legally authorized to act on your behalf, that person may exercise your privacy rights and make certain choices about your health information as permitted by law. We may verify the person's authority before taking action.

Electronic Communications

Buschbach Dental may communicate with patients electronically when appropriate. Electronic communications may include email, text messaging, appointment reminders, online scheduling systems, patient portals, and other technologies. We use reasonable safeguards to protect health information; however, some forms of electronic communication may have privacy or security limitations. Please inform our office if you have specific communication preferences or concerns.

Breach Notification

Buschbach Dental is required to notify affected individuals following a breach of unsecured Protected Health Information when notification is required under applicable law.

Changes to This Notice

Buschbach Dental reserves the right to change this Notice and our privacy practices as permitted by law. Any revised Notice may apply to health information we already maintain as well as information we receive in the future. The current Notice will be available at our office and on our website.

Questions or Complaints

If you believe your privacy rights have been violated, have questions about this Notice, or wish to exercise your privacy rights, please contact Buschbach Dental:

Buschbach Dental
1200 South York Road, Suite 3110
Elmhurst, IL 60126
Phone: (630) 782-6999
Email: office@buschbachdental.com
Website: buschbachdental.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Buschbach Dental will not retaliate against you for filing a complaint or exercising your privacy rights.

Acknowledgment of Receipt

You may be asked to acknowledge that you received or were offered a copy of this Notice of Privacy Practices. Your acknowledgment does not waive any of your rights under HIPAA