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## NOTICE OF 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.**

Effective / Last Revised: 02/16/2026

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### OUR LEGAL DUTY

*YELLOWSTONE FAMILY DENTAL* is required by law to maintain the privacy of your protected health information (PHI), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify affected individuals following a breach of unsecured PHI.

We are required to follow the privacy practices described in this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by law. When we make a material change, we will revise this Notice and make the updated version available at our practice location and upon request.

You may request a copy of this Notice at any time.

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### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your PHI for the purposes described below. When required, we limit disclosures to the minimum necessary to accomplish the intended purpose, except for treatment.

#### Treatment

We may use or disclose your PHI to provide, coordinate, or manage your dental care and related services. For example, we may share information, including dental X-rays, with specialists, laboratories, or other providers involved in your care.

#### Payment

We may use or disclose your PHI to obtain payment for services provided to you, including billing, claims management, collections, and eligibility determinations.

#### Health Care Operations

We may use or disclose your PHI for operations such as quality improvement activities, training, licensing, accreditation, and business management.

#### Individuals Involved in Your Care

We may disclose your PHI to family members, friends, or others you identify who are involved in your care or payment, unless you object.

#### Disaster Relief

We may disclose your PHI to assist disaster relief efforts.

#### Required by Law

We may disclose your PHI when required by federal, state, or local law.

#### Public Health Activities

We may disclose PHI to public health authorities for purposes such as disease control, reporting abuse or neglect, product recalls, or preventing serious threats to health or safety.

#### Law Enforcement, Oversight, and Legal Proceedings

We may disclose PHI for law enforcement purposes, health oversight activities, judicial or administrative

proceedings, workers' compensation claims, and national security activities, as permitted or required by law.

#### Research

We may disclose PHI for approved research activities that include privacy protections.

#### Coroners, Medical Examiners, and Funeral Directors

We may disclose PHI as necessary to perform their duties.

#### Fundraising

We may contact you for fundraising purposes as permitted by law. You have the right to opt out of fundraising communications, and opting out will not affect your care.

### OTHER USES AND DISCLOSURES

We will obtain your written authorization for:

- Use or disclosure of psychotherapy notes
- Marketing purposes
- Sales of PHI

You may revoke authorization in writing at any time.

### USES AND DISCLOSURES THAT ARE PROHIBITED

Federal law prohibits us from using or disclosing your protected health information in certain ways. For example, we are not permitted to use your health information for employment-related decisions, housing determinations, or other non-health-related purposes without your authorization. We also may not disclose your PHI for purposes unrelated to your treatment, payment, or health care operations unless permitted or required by law or authorized by you.

### USES AND DISCLOSURES REQUIRING PATIENT ATTESTATION

Certain uses and disclosures of protected health information, including records related to substance use disorder treatment, are subject to additional federal confidentiality protections. These records have stricter limits on how they may be used or disclosed and generally require your written

authorization unless disclosure is otherwise permitted by law.

### **REDISCLASURE NOTICE**

Information disclosed pursuant to this Notice may be subject to redisclosure by the recipient and may no longer be protected by federal or state privacy laws. Recipients of substance use disorder treatment records may not redisclose this information unless permitted by federal law or authorized by you in writing.

### **SUBSTANCE USE DISORDER RECORDS**

If this practice creates or maintains records subject to additional federal protections for substance use disorder treatment records, such records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, as permitted by law.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

#### **Right to Access**

You have the right to inspect or receive copies of your PHI in paper or electronic form. Records will generally be provided no later than 30 days after your request and may be provided electronically when requested and available.

#### **Right to an Accounting of Disclosures**

### **QUESTIONS OR COMPLAINTS**

If you have questions or wish to file a complaint, please contact:

**Practice Name:** YELLOWSTONE FAMILY DENTAL

**Privacy Officer or Contact:** JENNIFER FALLANG

**Phone:** 406-245-7026

**Address:** 1045 N 27<sup>TH</sup> ST  
BILLINGS, MT 59101

You may also file a complaint with your state health department, state dental board, or other applicable state regulatory agency if you believe your privacy rights have been violated. You may also file a complaint with the U.S. Department of Health and Human Services. Filing a complaint will not affect your care or services.

You also have the right to request an accounting of disclosures.

#### **Right to Request Restrictions**

You have the right to request restrictions on certain uses or disclosures of your PHI. We must agree to restrictions related to services paid in full out-of-pocket when disclosure is to a health plan.

#### **Right to Request Confidential Communications**

You have the right to request that we communicate with you in a specific way or at a specific location.

#### **Right to Request an Amendment**

You have the right to request that we amend your PHI if you believe it is incorrect or incomplete.

#### **Right to Notification of a Breach**

You have the right to be notified of breaches of unsecured PHI.

#### **Right to a Paper Copy**

You have the right to receive a paper copy of this Notice at any time.

### **STATE-SPECIFIC PRIVACY RIGHTS**

Applicable state law may provide additional privacy protections for your medical and dental information beyond those required by federal law.