Notice of Privacy Practices

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: November 17, 2026

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on the effective date shown above and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make the new Notice provisions effective for all protected health information that we maintain, including information we created or received before we made the change. When we make a significant change in our privacy practices, we will change this Notice, post the new Notice clearly and prominently at our practice location and, if we maintain a website, on our website, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

How We May Use and Disclose Health Information About You

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Not every use or disclosure in a category will be listed.

Some information, such as HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records, may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records. Where another law prohibits or materially limits a use or disclosure described in this Notice, we will follow the more protective law.

Treatment. We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist, physician, laboratory, or other provider involved in your care, and we may use it to coordinate or manage your care. We may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Payment. We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or from another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

Health Care Operations. We may use and disclose your health information in connection with our health care operations. For example, health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, conducting training programs, accreditation, certification, licensing, or credentialing activities, and business planning and management.

Other Uses and Disclosures That Do Not Require Your Authorization

We may use or disclose your health information without your written authorization for the following purposes, as permitted or required by law:

Individuals Involved in Your Care or Payment for Your Care. We may disclose your health information to your family, friends, or any other individual identified by you when they participate in your care or in the payment for your care, subject to applicable limits. We may also disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Disaster Relief. We may use or disclose your health information to assist in disaster relief efforts, including to notify a family member, personal representative, or other person responsible for your care of your location or general condition.

Required by Law. We may use or disclose your health information when we are required to do so by federal, state, or local law.

Public Health Activities. We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury, or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence, as permitted by law.

Health Oversight Activities. We may disclose your health information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or by us, to tell you about the request or to obtain an order protecting the information requested. The additional limits on substance use disorder records described below apply where they are stricter.

Law Enforcement. We may disclose your health information for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order, subject to the additional limits on substance use disorder records described below.

Coroners, Medical Examiners, and Funeral Directors. We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors consistent with applicable law to enable them to perform their duties.

Research. We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

To Avert a Serious Threat to Health or Safety. We may use or disclose your health information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, consistent with applicable law.

National Security and Military Activities. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient, as permitted by law.

Secretary of HHS. We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Workers' Compensation. We may disclose your health information to the extent authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or other similar programs established by law.

Redisclosure notice: Health information that we disclose as permitted by this Notice may be redisclosed by the recipient and may no longer be protected by the HIPAA Privacy Rule. Additional protections that apply to substance use disorder records are described in the next section.

Substance Use Disorder Treatment Information — 42 CFR Part 2

Federal law gives extra confidentiality protection to records from a substance use disorder treatment program covered by 42 CFR Part 2 (a “Part 2 Program”). This section describes how we handle such a record if we receive or maintain one. It applies in addition to the rest of this Notice, and where Part 2 is stricter than HIPAA, we will follow Part 2.

SUD Treatment Information. If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment, or health care operations, we may use and disclose your Part 2 Program record for treatment, payment, and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

Use in Proceedings Against You. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your written consent, or by an order of a court after it provides you notice of the court order and an opportunity to be heard, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

SUD Counseling Notes. Notes by a Part 2 Program clinician documenting or analyzing a substance use disorder counseling session, kept separate from the rest of your record (SUD counseling notes), receive extra protection similar to psychotherapy notes under HIPAA. We will not use or disclose SUD counseling notes without your separate written consent, except as otherwise permitted by Part 2 and HIPAA.

Redisclosure of Part 2 Records. Please be aware that after we have shared your information in a permitted way, it is possible for the information to be redisclosed by the recipient, including substance use disorder treatment records. Upon redisclosure, this information may no longer receive the heightened Part 2 protections and may be disclosed in accordance with the HIPAA Privacy Rule or other applicable law. Each disclosure we make with your consent will be accompanied by a copy of your consent or a clear explanation of its scope, and by the written notice required by 42 CFR 2.32, where applicable.

Your Part 2 Rights. With respect to a Part 2 Program record we hold, you have the rights described in "Your Health Information Rights" below, including the right to request restrictions, to obtain an accounting of disclosures, and to file a complaint without retaliation. You may revoke a consent for use or disclosure of a Part 2 record in writing, except to the extent we or another lawful holder have already acted in reliance on it.

Other Uses and Disclosures of Protected Health Information

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of protected health information for marketing, and for the sale of protected health information. We will also obtain your written authorization before using or disclosing your protected health information for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your protected health information, except to the extent that we have already acted in reliance on the authorization.

Your Health Information Rights

Access. You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice, or you may request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if it is readily producible. We will charge you a reasonable, cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for

an explanation of our fee structure. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting. With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

Right to Request a Restriction. You have the right to request additional restrictions on our use or disclosure of your protected health information by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Alternative Communication. You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide a satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Amendment. You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to Notification of a Breach. You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice and Paper Copy. You may obtain a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our website or by electronic mail (e-mail).

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this Notice.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, send a letter to 200 Independence Avenue, S.W., Washington, D.C.

20201, call 1-877-696-6775, or visit https://www.hhs.gov/hipaa/filing-a-complaint. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Questions about this Notice, requests to exercise your rights, and complaints should be directed to our Privacy Official:

Practice	Nannette Benedict DDS & Associates
Privacy Official	Dr. Nannette Benedict, Privacy Official
Address	5015 Scotts Valley Drive, Scotts Valley, CA 95066
Telephone	(831) 440-9214
Email	info@scottsvalleydentist.com

If you need this Notice in another format or language, please contact us and we will assist you.