

Brooklawn Dental Health Center

559 Ashley Blvd.

New Bedford, MA 02745

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 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.

OUR LEGAL DUTY

We are required by federal and Massachusetts law to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you following a breach of unsecured PHI.

Protected Health Information includes information that identifies you and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for that care.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

1. Treatment

We may use or disclose your PHI to provide, coordinate, or manage your dental care. This includes sharing information with dentists, hygienists, specialists, laboratories, and other health care providers involved in your care.

2. Payment

We may use and disclose your PHI to obtain payment for services provided to you, including billing insurance companies, dental benefit plans, or other responsible parties.

3. Health Care Operations

We may use and disclose your PHI for practice operations such as quality assessment, staff training, licensing, accreditation, audits, business planning, and administrative activities.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

We may use or disclose your PHI without your authorization in the following circumstances, as permitted or required by law:

- **Public Health Activities:** For public health reporting, disease prevention, and safety purposes.
- **Health Oversight Activities:** For audits, investigations, inspections, and licensure.
- **Legal Proceedings:** In response to a court or administrative order, subpoena, or lawful process.
- **Law Enforcement:** As required by law or in response to valid legal requests.
- **Abuse, Neglect, or Domestic Violence:** To appropriate authorities when required or permitted by law.
- **Serious Threat to Health or Safety:** To prevent or lessen a serious and imminent threat.
- **Workers' Compensation:** As authorized by law.

REPRODUCTIVE HEALTH INFORMATION – FEDERAL PRIVACY PROTECTIONS

Under updated federal regulations issued by the U.S. Department of Health and Human Services, we are **prohibited from using or disclosing protected health information related to lawful reproductive health care** for the purpose of:

- Investigating or imposing criminal, civil, or administrative liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive health care; or
- Identifying individuals for such investigations or proceedings.

We may not disclose reproductive health information to law enforcement, courts, or other parties for these prohibited purposes, and we may be required to obtain a signed attestation before disclosing certain information when requested for law enforcement or legal matters.

These protections apply regardless of where the reproductive health care was provided, so long as the care was lawful.

SUBSTANCE USE DISORDER (SUD) RECORDS – ADDITIONAL FEDERAL PROTECTIONS

Certain records related to substance use disorder (SUD) diagnosis, treatment, or referral services may be protected by federal law under 42 CFR Part 2, in addition to HIPAA.

If we maintain SUD treatment records that are subject to 42 CFR Part 2:

- We will not use or disclose those records without your written consent, except as permitted by law.
- You may provide a single written consent for future uses and disclosures for treatment, payment, and health care operations.
- Once disclosed with your consent, SUD records may be redisclosed in accordance with HIPAA; however, they may not be used in civil, criminal, administrative, or legislative proceedings against you without a specific court order.
- Federal law prohibits the use of SUD records to investigate or prosecute you for substance use disorder treatment.
- Federal law also prohibits discrimination against you based on information contained in SUD treatment records in areas such as employment, housing, access to courts, or social services.

We will notify you in the event of a breach involving your SUD records, consistent with federal and state law.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice, including:

- Marketing purposes (where required by law)
- Sale of PHI
- Certain disclosures of psychotherapy notes (if applicable)

You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- **Get a Copy:** Inspect and obtain a copy of your PHI, with limited exceptions.
- **Request Corrections:** Ask us to correct PHI you believe is incorrect or incomplete.
- **Request Confidential Communications:** Ask us to contact you in a specific way or at a specific location.
- **Limit What We Use or Share:** Request restrictions on certain uses or disclosures (we are not required to agree in all cases).
- **Receive an Accounting of Disclosures:** Obtain a list of certain disclosures we have made.
- **Get a Paper Copy of This Notice:** Even if you agreed to receive it electronically.
- **Choose Someone to Act for You:** If you have a legal guardian, health care proxy, or power of attorney.
- **File a Complaint:** If you believe your privacy rights have been violated.

We will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. Changes will apply to all PHI we maintain. The revised Notice will be available in our office and on our website, if applicable, and upon request.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or wish to exercise your rights, please contact:

Privacy Officer: Tracy L. Rousseau
Practice Name: Brooklawn Dental Health Center
Address: 559 Ashley Blvd New Bedford, MA
Phone: 508.995.5105

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights
www.hhs.gov/ocr/privacy/hipaa/complaint

This Notice of Privacy Practices is intended to comply with the Health Insurance Portability and Accountability Act (HIPAA), applicable federal regulations, and Massachusetts privacy laws. This document is provided for general informational purposes and does not constitute legal advice.