

Generations Family Dental, S.C.
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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA," we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and healthcare operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include teeth cleaning services. Under Wisconsin law, we must have your written permission before we may disclose your health information, other than limited identifying information, to your family, friends, or other persons involved in your care.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspect of running our practice, such as conducting internal quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. Under Wisconsin law, we must have your written permission before we may use and disclose your health information in connection with healthcare operations other than management of our medical records and certain auditing and review activities by staff committees and review organizations.

Under Wisconsin law, we must have your written permission before we may disclose your health information to the appropriate authorities if we believe you are the victim of domestic violence or other crimes. We may report child abuse and the abuse or neglect of a vulnerable adult as allowed by Wisconsin law.

We may also create and distribute de-identified health information by removing all references to individually identifiable information for training purposes and/or internal use.

We may contact you by phone or mail to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also need to leave a message on your home answering machine or call you at work for the same reasons.

We may access our office schedule and set up future patient appointments from the computers in our operatories and/or at our front desk area.

We may take a photograph of you for our identification purposes.

We may ask you for payment for services at our front desk area.

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Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions or certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a copy of this notice from us upon request.

While we are allowed to determine whether we agree to your request to restrict our use and disclosure of your protected health information, Wisconsin law requires we honor certain restriction requests by private pay patients relating to research or the release of information to government agencies.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

Special Protections for Certain Health Information: Some types of health information are subject to additional protections under federal law. This includes records related to substance use disorder treatment that are protected under 42 C.F.R. Part 2. When applicable, such information may not be used or disclosed without your written authorization, except as permitted or required by law. We do not provide substance use disorder treatment services. However, if we receive records or information from another provider that are subject to these enhanced protections, we will maintain and protect that information in accordance with applicable federal and state laws. Our practice provides dental care services only. References in this Notice to additional protections are included to comply with federal privacy requirements and apply only if such information is received from another health care provider.

This notice is effective as of February 17, 2026 and stays in effect until we replace it. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our HIPAA officer, (2505 N. Mayfair Road, Wauwatosa, WI 53226 – Phone (414)258-2117), or with the Department of Health & Human Services, about violations of the provisions of this notice or the policies and procedures of our office. We will provide you with the address to file your complaint with the Department of Health & Human Services upon request. We will not retaliate against you for filing a complaint.