

NORTH RALEIGH PERIODONTICS AND IMPLANT CENTER

NOTICE OF PRIVACY PRACTICES

Effective Date: 2-16-2026

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.

1. OUR LEGAL DUTY

North Raleigh Periodontics and Implant Center (“Practice,” “we,” “us”) is required by 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 currently in effect
- Notify you promptly if a breach occurs that may compromise the privacy or security of your information
- Comply with all federal HIPAA regulations and applicable North Carolina privacy laws
- We are required to abide by the terms of the Notice currently in effect
- This Notice applies to all records of your care created or maintained by North Raleigh Periodontics and Implant Center

2. HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use and disclose your Protected Health Information (PHI) without your written authorization for the following purposes:

A. Treatment

We may use your information to provide, coordinate, or manage your dental and periodontal care.

Examples: consulting with specialists, referring to oral surgeons, reviewing radiographs and imaging, communicating with laboratories

B. Payment

We may use and disclose your PHI to obtain payment for services.

Examples: submitting insurance claims, determining eligibility, collecting outstanding balances, pre-authorization requests

C. Health Care Operations

We may use your PHI for business and operational purposes.

Examples: quality assessment, clinical audits, staff training, licensing and accreditation, fraud and abuse detection, compliance reviews

We may disclose information to a family member, friend, or other person involved in your care or payment for care, unless you object.

3. OTHER PERMITTED OR REQUIRED DISCLOSURES

We may disclose your PHI without authorization when required or permitted by law, including: public health reporting, health oversight audits, judicial or administrative proceedings, law enforcement requests, workers' compensation claims, to avert serious threats to health or safety, as required by state or federal law

4. USES REQUIRING WRITTEN AUTHORIZATION

- We will obtain your written authorization for: marketing communications (where required), sale of PHI, most uses of psychotherapy notes (if applicable), certain disclosures of substance use disorder records
- We will not use or disclose Protected Health Information for purposes related to reproductive health care in a manner prohibited by federal law. Where required by law, we will obtain a valid written attestation that the requested use or disclosure is not for a prohibited purpose before releasing such information
- Any other use not described in this Notice
- You may revoke authorization at any time in writing

5. YOUR RIGHTS REGARDING YOUR INFORMATION

You have the following rights:

- Right to access: You may request copies of your records in paper or electronic format. We may charge a reasonable, cost-based fee.
- You may request corrections to your record if you believe information is inaccurate or incomplete.
- Right to Request Restrictions: You may request limits on how we use or disclose your PHI.
- We must agree to your request if: You paid out-of-pocket in full or you request we not disclose to your health plan for that service
- Right to Confidential Communications: You may request we contact you in a specific way (e.g., mobile only, alternate address).
- Right to an Accounting of Disclosures: You may request a list of certain disclosures made in the past six years.

- Right to Paper Copy
- You may request a paper copy of this Notice at any time.
- Right to Breach Notification: We will notify you without unreasonable delay and no later than 60 days following discovery of a breach of unsecured Protected Health Information.
- How to Exercise Your Rights: To exercise any of these rights, you must submit your request in writing to our Privacy Officer at the contact information listed below.
- We do not use or disclose your Protected Health Information for fundraising purposes.
- We will never require you to waive your rights under HIPAA as a condition of treatment, payment, enrollment, or eligibility for benefits.

6. ELECTRONIC COMMUNICATIONS

We may communicate with you via: text message, email, patient portal, electronic reminders

Electronic communication may carry some security risk. You may opt out at any time

By providing your contact information, you consent to receive communications related to your treatment, payment, and healthcare operations via the methods you provide.

7. MINORS AND PERSONAL REPRESENTATIVES

Parents or legal guardians generally have rights regarding a minor's PHI, except where restricted by law. Personal representatives may exercise rights on behalf of a patient.

8. OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to change this Notice at any time.

Revised notices will be: posted in our office, posted on our website, available upon request

9. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer

North Raleigh Periodontics and Implant Center:

7805 Fiesta Way,

Raleigh NC 27615

919-518-8222

contact@northraleighperio.com

You may also file a complaint with:

U.S. Department of Health & Human Services

Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr

You will not be retaliated against for filing a complaint.