NOTICE OF PRIVACY PRACTICES

LAKESIDE DENTAL
FAMILY & COSMETIC DENTISTRY

Effective Date: July 29, 2026

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This Notice describes how Lakeside Dental may use and disclose your Protected Health Information (PHI), your privacy rights, and our legal responsibilities. Please read it carefully.

Protected health information includes information that identifies you and relates to your past, present, or future physical or dental health, the healthcare services you receive, or payment for those services.

YOUR RIGHTS

You have the following rights regarding your protected health information:

- Inspect or obtain a paper or electronic copy of your dental and medical records.
- Request that we correct information you believe is inaccurate or incomplete.
- Request confidential communications (for example, calling only your cell phone or sending mail to a different address).
- Request restrictions on how we use or disclose your information.
- Request an accounting of certain disclosures of your health information.
- Receive a paper copy of this Notice at any time.
- Choose someone legally authorized to act on your behalf.
- File a complaint if you believe your privacy rights have been violated.

Access to Your Records

Your records may include clinical notes, treatment plans, dental charts, radiographs, CBCT images, intraoral and extraoral photographs, prescriptions, billing records, insurance information, and other health information maintained by our practice.

Paying Out of Pocket

If you pay for a service in full out of pocket, you may request that we not disclose information about that service to your health plan for payment or healthcare operations. We will honor that request unless disclosure is required by law.

HOW WE MAY USE OR DISCLOSE YOUR INFORMATION

Treatment

We may use and disclose your information to provide, coordinate, and manage your dental care. This may include communicating with physicians, specialists, pharmacies, dental laboratories, and other healthcare providers involved in your treatment.

Payment

We may use your information to bill and collect payment for services provided. This may include communicating with insurance companies, financing companies, payment processors, or collection agencies as permitted by law.

Healthcare Operations

We may use your information to operate and improve our practice. Examples include quality improvement, staff training, licensing, accreditation, compliance activities, auditing, risk management, customer service, and business planning.

Business Associates

We may share your information with trusted companies that perform services for our practice, such as electronic records, imaging, billing, information technology, or payment processing. These companies are required by law and contract to safeguard your information.

OTHER PERMITTED OR REQUIRED DISCLOSURES

Federal and state law permit or require us to disclose health information in certain situations, including:

- Public health activities ● Reporting abuse, neglect, or domestic violence ● Health oversight agencies
- Judicial or administrative proceedings ● Law enforcement ● Workers' compensation ●
- Medical examiners or funeral directors ● Organ and tissue donation ● Military or national security purposes
- Research when permitted by law ● To prevent or lessen a serious threat to health or safety

We will disclose only the information necessary and only when permitted or required by law.

YOUR CHOICES

You may tell us whether we may share information with:

- Family members ● Friends ● Caregivers
- Individuals involved in your healthcare ● Individuals involved in paying for your care

If you are unable to tell us your wishes, we may share information when, in our professional judgment, doing so is in your best interest or necessary to prevent a serious threat to health or safety.

Being authorized to receive information does not authorize someone to make healthcare decisions for you unless they have separate legal authority.

COMMUNICATIONS

We may contact you regarding:

- Appointment reminders ● Appointment confirmations ● Follow-up care ● Preventive care
- Treatment recommendations ● Prescription information ● Insurance matters ● Billing and payment

Depending on your preferences, we may contact you by:

- Telephone ● Voicemail ● Text message ● Email ● Postal mail

Standard text messaging and email are not encrypted and may not be completely secure. If you prefer that we not communicate with you by these methods, please let us know.

SPECIAL PROTECTIONS

Certain categories of information receive additional protection under federal or state law, including, when applicable:

- Substance use disorder treatment records
- Psychotherapy notes
- Mental health information
- HIV-related information
- Genetic information
- Reproductive health information
- Information relating to minors

If Lakeside Dental receives records protected by 42 CFR Part 2, those records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings without your written consent or another authorization required by law.

When state law provides greater privacy protection than HIPAA, we will follow the law providing the greater protection.

USES REQUIRING YOUR WRITTEN AUTHORIZATION

Except as described in this Notice or otherwise permitted by law, we will obtain your written authorization before using or disclosing your health information.
This includes, when required by law:

- Most marketing uses
- Sale of protected health information
- Most disclosures of psychotherapy notes
- Certain specially protected records

You may revoke your authorization at any time in writing. Revocation will not affect actions already taken in reliance on your authorization.

OUR RESPONSIBILITIES

Lakeside Dental is required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice.
- Follow the terms of the Notice currently in effect.
- Notify you if a breach occurs that may have compromised your protected health information.
- Comply with applicable federal and state privacy laws.

We reserve the right to revise this Notice at any time. The revised Notice will apply to all protected health information we maintain and will be available in our office and on our website. A current copy of this Notice is always available at our office and at **www.mylakesidedental.com.**

QUESTIONS OR COMPLAINTS

If you have questions about this Notice, wish to exercise your privacy rights, or would like to file a complaint, please contact:

Privacy Officer: Dr. Keith Egan
Lakeside Dental
1011 Catherine Street
Salt Lake City, Utah 84116
Phone: (801) 596-3000
Email: office@mylakesidedental.com
Website: www.mylakesidedental.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Lakeside Dental will not retaliate against you for exercising your privacy rights or filing a complaint.