

NOTICE OF PRIVACY PRACTICES (NPP)

South Sound Oral Medicine
34709 9th Ave S
STE B300
Federal Way, WA 98003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: May 30, 2026

OUR LEGAL DUTY

We are required by law to maintain the privacy of your protected health information (PHI), to provide you with this notice of our legal duties and privacy practices, and to notify you following a breach of unsecured PHI. We must follow the practices described in this notice while it is in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your PHI for treatment, payment, and healthcare operations:

- **Treatment:** We may disclose your PHI to a specialist or other healthcare provider providing treatment to you.
- **Payment:** We may use and disclose your PHI to obtain reimbursement from your insurance company or another third party.
- **Healthcare Operations:** We may use your PHI for quality assessment, improvement activities, and staff training.
- **SUD Treatment Information:** If we receive information about you from a federally assisted substance use disorder treatment program (a "Part 2 Program"), we may use and disclose that information for treatment, payment, and healthcare operations if you have provided general consent. However, we will not use or disclose such records (or testimony describing them) in any legal proceedings against you without your specific consent or a court order.

OTHER PERMITTED USES AND DISCLOSURES

We may also disclose your PHI for:

- **Public Health Activities:** To prevent/control disease or report abuse/neglect.
- **Law Enforcement & Health Oversight:** As required by law or for authorized audits and investigations.
- **Individuals Involved in Your Care:** To family or friends involved in your care or payment, unless you object.

YOUR HEALTH INFORMATION RIGHTS

- **Access:** You have the right to look at or get copies of your health information (paper or electronic). Requests must be in writing.
- **Disclosure Accounting:** You may request a list of certain disclosures we have made of your PHI.
- **Restrictions:** You may request additional restrictions on our use or disclosure of your PHI. We are not required to agree unless the disclosure is to a health plan for a service you paid for in full out-of-pocket.
- **Amendment:** You have the right to request that we amend your health information.
- **Breach Notification:** You have the right to be notified if there is a breach of your unsecured PHI.

QUESTIONS AND COMPLAINTS

If you want more information or have concerns that your privacy rights have been violated, please contact our Privacy Official at the address above. You may also file a written complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Contact Information:

Privacy Official: Nicole Pichette

Telephone: (253) 874-2583

SMS PRIVACY POLICY

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.