

MOUNTFORD & RUSZKOWSKI

— Family Dentistry —

Notice of Privacy Practices Acknowledgement and Consent

Your Information. Your Rights. Our Responsibilities.

Patient First Name _____
Patient Last Name _____

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer (see Contact Information below).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. **For more information see:**

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Important Additional Protections and Notices

Some uses and disclosures are restricted or have additional requirements under federal law.

Some information-such as HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records-may be entitled to special confidentiality protections under applicable state or federal law. We will comply with those protections when they apply.

Substance use disorder (SUD) treatment information from Part 2 programs

We may receive records related to federally assisted SUD diagnosis, treatment, or referral for treatment that are protected by 42 CFR Part 2 ("Part 2") from other providers as part of your medical history or coordination of care. When we receive Part 2-protected records, we will handle them in accordance with applicable law and any written consent under which they were disclosed to us.

If we receive Part 2-protected records under a consent that permits use and disclosure for treatment, payment, and health care operations, we may use and disclose the information for those purposes consistent with that consent and applicable law. If we receive the information under a consent that limits use or disclosure to specific purposes or recipients, we will follow those limits.

In no event will we use or disclose Part 2-protected records we receive from a Part 2 program, or testimony that describes the information contained in those records, in any civil, criminal, administrative, or legislative proceeding by any Federal, State, or local authority against you, unless authorized by your written consent or by an order of a court after it provides you notice. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure, and any disclosure is limited to what the court authorizes.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Contact Information

Privacy Officer/Contact: Chris Mountford & Susan Nelson

Phone: 616-842-0822

Address: 1 South Harbor Drive Ste 2, Grand Haven, MI 49417

Email: snelson@westmichigandentistry.com

Acknowledgement

I acknowledge the receipt of a copy of the currently effective Notice of Privacy Practices for this healthcare facility which became effective 2-16-2026. A copy of this signed, dated document shall be as effective as the original. I understand that Mountford and Ruszkowski Family Dentistry has the right to change its Notice of Privacy Practices from time to time and that I may contact Mountford and Ruszkowski Family Dentistry at any time to obtain a current copy of the Notices of Privacy Practices.

My signature will also serve as a PHI document release should I request treatment or radiographs be sent to other attending doctors/facilities in the future.

Your comments regarding acknowledgement and consent should be listed here:

I authorize the following individuals (example: spouse, parent/grandparent, sibling) to have access to and be informed of this patient's dental/medical information and dental/medical care:

NAME: _____ Relationship _____

NAME: _____ Relationship _____

NAME: _____ Relationship _____

NAME: _____ Relationship _____

If you do not list anyone, we WILL NOT share any information regarding your account other than described above.

I authorize contact from this office to confirm my appointments, treatments and billing information via:

- _____ Cell Phone Confirmation
- _____ Text Message to My Cell Phone
- _____ Home Phone Confirmation
- _____ Email Confirmation
- _____ Work Phone Confirmation
- _____ **Any of the Above**

I authorize information about my health be conveyed via:

- _____ Cell Phone Confirmation
- _____ Text Message to My Cell Phone
- _____ Home Phone Confirmation
- _____ Email Confirmation
- _____ Work Phone Confirmation
- _____ **Any of the Above**

Patient's Signature _____ **Date** _____

FOR OFFICE USE ONLY

As Privacy Officer, I attempted to obtain patient's (or representative's) written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Name of Privacy Officer _____