



NOTICE OF PRIVACY PRACTICES

Last updated: January 15, 2026

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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR COMMITMENT TO YOUR PRIVACY

Milwaukee Dental Arts is committed to protecting the privacy of your protected health information (PHI). We are required by law to maintain the privacy and security of your PHI, provide you with this Notice, and follow the privacy practices we describe in this notice while it is in effect. This notice takes effect on the date set forth at the top of this page and will remain in effect unless we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such applicable law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change to our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose your health information without your authorization for the following purposes:

Treatment: We may use and disclose your health information to provide dental care and services. For example, we may share information with other dentists, specialists, labs, or health-care providers involved in your care.

Payment: We may use and disclose your health information to obtain payment for services provided to you or your dependents. This may include billing insurance companies, processing claims, determining eligibility or coverage, and collecting payment.

Health Care Operations: We may use and disclose your information for practice operations, such as quality assessment, staff training, licensing, audits, and business management.

Uses and Disclosures with Your Authorization: For any purpose not described in this Notice of Privacy Practices, we will use or disclose your health information only with your written authorization. You may authorize us in writing to use or disclose your health information to any person or entity and for any purpose. You may revoke your authorization in writing at any time. Your revocation will not affect any use or disclosure that occurred while the authorization was in effect.

To Your Family and Friends: We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We may use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. We may use or disclose information about you to notify or assist in notifying a person involved in your care, on your location and general condition.

Appointment Reminders: We may use or disclose your health information to provide appointment reminders. We may leave messages on any voicemail or answering machine associated with the phone numbers you provide (home, cell, or work) and may send automated or manual text messages to those numbers.

Disaster Relief: We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit: • as required by law; • for public health activities, including disease and vital statistics reporting, child abuse reporting, FDA oversight, and to employers regarding work related illness or injury; • to health oversight agencies; • in response to court and administrative orders and other lawful processes; • to law enforcement officials, as permitted by law, in response to court orders, warrants, or other lawful processes, and for purposes such as reporting crimes or emergencies, addressing suspicious deaths, crimes on our premises, matters involving crime victims, or to identify or locate a suspect or other individual. • to coroners, medical examiners, and funeral directors; • to an organ procurement organizations; • to avert a serious threat to health or safety; • in connection with certain research activities; • to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities; to correctional institutions regarding inmates; and • as authorized by state worker's compensation laws.

Special protection for SUD records: Substance Use Disorder (SUD) Treatment records have enhanced protection. They cannot be used in legal proceedings without your consent or court order.

Business Associates: We may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.

PATIENT RIGHTS

- 1) You have a right to see and get a copy of your health records.
- 2) You have a right to amend your health information.
- 3) You have a right to ask to get an Accounting of Disclosures of when and why your health information was shared for certain purposes.
- 4) You are entitled to receive a Notice of Privacy Practices that tells you how your health information may be used and shared.
- 5) You have the right to receive your information in a confidential manner and restrict certain communication methods.
- 6) You have a right to restrict who receives your information.
- 7) You have a right to request amendment to be made to your health records by submitting the request in writing to our privacy officer. Your request does not guarantee an amendment but does guarantee that it will be reviewed and considered.
- 8) If you believe your rights are being denied or your health information is not being protected, you can:
 - a. File a complaint with your provider or health insurer
 - b. File a complaint with the U.S. Government

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. If you believe that:

• we may have violated your privacy rights, • we made a decision about access to your health information incorrectly, • our response to a request you made to amend or restrict the use or disclosure of your health information was incorrect, or • we should communicate with you by alternative means or at alternative locations, you may contact us using the information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CONTACT INFORMATION

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our office.

Telephone: 414.645.0217

Email Address: info@mkedentalarts.com

Address: 2700 W Lincoln Ave, Milwaukee, Wisconsin 53215