cedar place dental
FAMILY AND COSMETIC DENTISTRY

304 S. CLAIRBORNE ROAD, SUITE 100
OLATHE, KANSAS 66062
TELEPHONE (913) 764-6367
FAX (913) 764-6387

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.

I. Dental Practice Covered by this Notice

This Notice describes the privacy practices of Cedar Place Dental ("Dental Practice"). "We" and "our" means the Dental Practice. "You" and "your" means our patient.

II. How to Contact Us/Our Privacy Official

If you have any questions or would like further information about this Notice, you can contact Cedar Place Dental's Privacy Official at:

Contact Officer: Office Administrator
304 S. Clairborne Road, Suite #100
Olathe, KS 66062
Phone: (913) 764-6367
Fax: (913) 764-6387

III. Our Promise to You and Our Legal Obligations

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to:

- Maintain the privacy and security of your protected health information
- Give you this Notice of our legal duties and privacy practices with respect to that information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We will not use or share your information, other than as described in this Notice, unless you tell us we can in writing. You may revoke this at any time. Let us know you have changed your mind.
- Abide by the terms of our Notice that is currently in effect

IV. Last Revision Date: This Notice was last revised on February 12, 2026.

V. How We May Use or Disclose Your Health Information

The following examples describe different ways we may use or disclose your health information. These examples are not meant to be exhaustive. We are permitted by law to use and disclose your health information for the following purposes:

A. Common Uses and Disclosures

1. **Treatment**. We may use your health information to provide you with dental treatment or services, such as cleaning or examining your teeth or performing dental procedures. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.

2. **Payment.** We may use and disclose your health information to obtain payment from health plans and insurers for the care that we provide to you.

3. **Health Care Operations.** We may use and disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.

4. **Appointment Reminders.** We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a phone call, voice message, text or email.

5. **Treatment Alternatives and Health-Related Benefits and Services.** We may use and disclose your health information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.

6. **Disclosure to Family Members and Friends.** We may disclose your health information to a family member or friend who is involved with your care or payment for your care if you do not object or, if you are not present, we believe it is in your best interest to do so.

7. **Disclosure to Business Associates.** We may disclose your protected health information to our third-party service providers (called, "business associates") that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use a business associate to assist us in maintaining our practice management software. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

B. Less Common Uses and disclosures

1. **Disclosures Required by Law.** We may use or disclose patient health information to the extent we are required by law to do so. For example, we are required to disclose patient health information to the U.S. Department of Health and Human Services so that it can investigate complaints or determine our compliance with HIPAA.

2. **Public Health Activities.** We may disclose patient health information for public health activities and purposes, which include: preventing or controlling disease, injury or other uses, helping with product recalls, reporting reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety as well as disclosures not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that this office has taken an action in reliance on the use of disclosure indicated in the authorization. If a use or disclosure of protected health information described above in this notice is prohibited or materially limited by other laws that apply to use, we intend to meet the requirements of the more stringent law.

3. **Research.** We can use or share your information for health research

4. **Work with Medical Examiner or Funeral Director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies

5. **Address Workers' Compensation, Law Enforcement, and other Government Requests.** We can share health information about you for worker's compensation claims, law enforcement purposes, with health oversight agencies for activities authorized by law, or at the government's request.

6. **Respond to Lawsuits and Legal Actions.** We can share health information about you in resonse to a court or administrative order, or in response to a subpoena.

VI. Your Rights with Respect to your Health Information

You have the following rights with respect to certain health information that we have about you (information in a Designated Record Set as defined by HIPAA). To exercise any of these rights, you must submit a written request to our Privacy Official listed on the first page of this Notice.

A. Right to Access and Review an Electronic or Paper Copy of Your Dental Record

You may request to access and review a copy of your health information. We may deny your request under certain circumstances. You will receive written notice of a denial and can appeal it. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or other format that is mutually agreeable. If your health information is included in an Electronic Health Record, you have the right to obtain a copy of it in an electronic format and to direct us to send it to the person or entity you designate in an electronic format. We will provide a copy of your health record within 30 days of your request. We may charge a reasonable fee to cover our cost to provide you with copies of your health information. If you request copies, we will charge you $.25 for each page, $25 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

B. Right to Correct

If you believe that your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive written notice of a denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.

C. Right to Restrict Use and Disclosure

You may request that we restrict uses of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care or the payment for your care. We may not (and are not required to) agree to your requested restrictions, with one exception: If you pay out of your pocket in full for a service you receive from us and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request unless law requires us to share that information.

D. Right to Confidential Communications

You may request to receive communications of health information by alternative means or at an alternative address. We will accommodate a request if it is reasonable and you indicate that communication by regular means could endanger you. When you submit a written request to the Privacy Official listed on the first page of this Notice, you need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.

E. Right to an Accounting of Disclosures

You have a right to receive a list (accounting) of disclosures of your health information for the six (6) years prior to the date that the accounting is requested, who it was shared with, and why. We will include all the disclosures except for disclosures to carry out treatment, payment, health care operations (and certain other exceptions as provided by HIPAA). The first accounting we provide in any 12-month period will be without charge to you. We may charge a reasonable fee to cover the cost for each subsequent request for an accounting within the same 12-month period. We will notify you in advance of this fee and you may choose to modify or withdraw your request at that time.

F. Right to a Paper Copy of this Notice

You have the right to a paper copy of this Notice. You may ask us to give you a paper copy of the Notice at any time (even if you have agreed to receive the Notice electronically). To obtain a paper copy, ask the Privacy Official.

G. Right to 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.

H. 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 Official (Contact information is on page one). You can file a complaint with the US 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 (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will **not** retaliate against you for filing a complaint.

I. You can Tell Us How You Would Like Your Information Shared

If you have a clear preference of how you would like your information shared with your family, others involved in your care, or others designated on your HIPAA acknowledgement form please inform us. We will honor all reasonable requests.

VII. Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information

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 abide by these special protections as they pertain to applicable cases involving these types of records. In no event will we use or disclose your part-2 program record, or testimony that describes the information contained in your part-2 program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

VIII. Our Right to Change Our Privacy Practices and This Notice

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will post the revised Notice on our website (if applicable) and in our office and will provide a copy of it to you on request. The effective date of this Notice is 2/12/26.