PENNINO FAMILY DENTISTRY

NOTICE OF PRIVACY PRACTICES

Effective Date: October 26, 2026

PLEASE REVIEW THIS NOTICE CAREFULLY. It explains how your dental and health information may be used and disclosed, and how you can access this information.

Pennino Family Dentistry is committed to protecting the privacy of your personal and dental health information. We are required by law to maintain the privacy of your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect.

1. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your protected health information for the following purposes without obtaining your written authorization, as permitted or required by law.

Treatment

We may use and share your health information with our dentists, hygienists, dental assistants, and other healthcare professionals involved in your care. We may also share information with other healthcare providers when necessary to coordinate treatment, make referrals, or support your dental care.

Payment

We may use and disclose your information to collect payment for services provided. This may include processing payments, preparing statements, verifying benefits, submitting claims when applicable, and communicating with responsible parties regarding outstanding balances.

Healthcare Operations

We may use your information to manage and operate our dental practice. This includes scheduling appointments, reviewing the quality of care, training team members, maintaining records, managing business activities, and ensuring compliance with applicable laws.

Appointment Reminders and Communications

We may contact you by telephone, voicemail, text message, email, or mail regarding appointments, treatment recommendations, follow-up care, account information, or other matters related to your dental care. Please notify us if you prefer a particular method of communication or wish to request reasonable alternative communication arrangements.

Individuals Involved in Your Care

When permitted by law, we may share relevant information with a family member, caregiver, or another person you identify as being involved in your care or payment for your care. We will provide you with an opportunity to object when required by law, except in circumstances where an exception applies.

Business Associates

We may share necessary information with companies or individuals who perform services on our behalf, such as dental laboratories, billing services, electronic record providers, or information technology support. These parties must agree to protect your information as required by law.

Other Permitted or Required Disclosures

We may disclose your information when required by law or as otherwise permitted by applicable federal and state privacy laws. Examples may include disclosures for public health activities, health oversight, certain legal proceedings, law enforcement purposes, reporting abuse or neglect when required, and responding to valid legal orders.

2. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Uses and disclosures of your health information not described in this notice will be made only with your written authorization when required by law.

You may revoke an authorization in writing at any time, except to the extent that we have already acted in reliance on it.

Marketing and Sale of Information

We will not use or disclose your protected health information for purposes requiring your authorization without obtaining that authorization. We will not sell your protected health information without your written authorization when required by law.

3. SPECIAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION

Certain health information may receive additional protection under federal or state law.

Substance Use Disorder Treatment Records

If we receive records protected by federal substance use disorder confidentiality laws, including 42 CFR Part 2, we will protect those records in accordance with applicable law. These records may not be used or disclosed except as permitted by the applicable legal requirements.

Records protected under these laws may be subject to additional restrictions on redisclosure. They may not be used or disclosed in civil, criminal, administrative, or legislative proceedings

against the individual, except as specifically permitted by applicable law, including any required consent or qualifying court order.

We will comply with any additional privacy protections that apply to specially protected health information.

4. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your protected health information, subject to certain legal exceptions.

Right to Inspect and Obtain a Copy

You may request to inspect or obtain a copy of your dental and health records. Requests must be submitted in writing. We may charge a reasonable, legally permitted fee for copies.

Right to Request an Amendment

If you believe information in your record is incorrect or incomplete, you may request an amendment in writing. We may deny your request in certain circumstances permitted by law. If we deny your request, we will provide an explanation and information about your options.

Right to Request Restrictions

You may request that we restrict the use or disclosure of your information for treatment, payment, or healthcare operations, or to individuals involved in your care. We are not required to agree to every request, except where the law requires a restriction.

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

Right to Confidential Communications

You may request that we communicate with you in a specific way or at a particular location. For example, you may request that we contact you at a different telephone number or mailing address. We will accommodate reasonable requests as required by law.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your health information made by our office. This list does not include every disclosure, such as many disclosures made for treatment, payment, and healthcare operations.

Right to a Paper Copy

You may request a paper copy of this notice at any time, even if you have agreed to receive it electronically.

Right to Choose Someone to Act for You

If you have granted someone legal authority to act on your behalf, such as a healthcare representative or legal guardian, that person may exercise your privacy rights as permitted by law.

Right to Receive Notice of a Breach

You have the right to receive notification when a breach of your unsecured protected health information requires notification under applicable law.

5. OUR RESPONSIBILITIES

Pennino Family Dentistry is required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this notice describing our legal duties and privacy practices.
- Follow the terms of the notice currently in effect.
- Notify affected individuals when a breach of unsecured protected health information requires notification by law.
- Comply with applicable federal and state privacy requirements.

We reserve the right to change our privacy practices and the terms of this notice as permitted by law. Any revised notice will apply to the health information we maintain. We will make the current notice available in our office and on our website, if applicable, and provide revised notices as required by law.

6. QUESTIONS, COMPLAINTS, OR PRIVACY CONCERNS

If you have questions about this notice, wish to exercise your privacy rights, or believe your privacy rights have been violated, please contact our office.

Privacy Contact: Dana Williams
Practice: Pennino Family Dentistry
Address: 203 West Northwest Highway, Barrington, IL 60010
Telephone: 847-381-6222
Email: tc@pfdsmile.com

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

Website: https://www.hhs.gov/hipaa/filing-a-complaint/index.html