Effective Date:
February 16, 2026

Every Kid Pediatric Dentistry

NOTICE OF PRIVACY PRACTICES

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.

We take our responsibility to safeguard your protected health information very seriously. We value your trust as an important part of our ability to provide you with the best possible medical care. We are dedicated to defending your right to a confidential relationship with your provider.

This notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

How We May Use and Disclose Your Information

We may use and disclose health information about you without your permission for the following reasons:

1. **For Treatment:** To coordinate or manage your care with other providers or facilities.
2. **For Payment:** To obtain reimbursement from insurance for services provided.
3. **For Healthcare Operations:** To improve our services, manage our practice, train staff, and perform audits.
4. **For Legal Requirements:** When required by federal, state, or local law.
5. **To Prevent Serious Threats:** To protect your health and safety or the health and safety of others.
6. **For Public Health and Safety:** Including disease prevention, abuse reporting, and FDA oversight.
7. **For Research:** When reviewed and approved under a special process.
8. **For Workers' Compensation and Law Enforcement:** When required under these programs.
9. **With Family or Friends:** If involved in your care and based on your preference or best interest.

We will only share the minimum necessary information needed for each purpose.

We will not use or disclose your health information for marketing, sale, or fundraising without your written authorization. You may revoke this authorization at any time in writing.

Special Protections: Substance Use Disorder (SUD) Records

If your medical record includes information related to substance use disorder treatment protected under federal law (42 CFR Part 2), that information has additional privacy protections:

- We will not disclose it without your written consent unless required by law.
- It may not be used in court or legal proceedings without a special court order.
- You may revoke your consent at any time.
- Any re-disclosure of this information by others may no longer be protected.
- You have the right to opt out of any fundraising communications.

Special Protections Under Oregon Law

Oregon law provides additional privacy protections for certain types of health information. These laws may limit how we use or disclose this information, even when disclosure would otherwise be permitted under federal law (HIPAA).

This includes:

- **HIV/AIDS and HIV testing information** (ORS 433.045), which may not be disclosed without your specific written authorization except as permitted by law.
- **Mental health treatment information** (ORS 179.505–179.509), which may have additional restrictions on use and disclosure.
- **Genetic information** (ORS 192.531–192.549), which is subject to special confidentiality protections.
- **Substance Use Disorder treatment records** protected under federal law (42 CFR Part 2), as described above.

Your Rights

You have the right to:

- **Access**: Ask to see or get a copy of your health and billing records.
- **Amend**: Ask us to correct your records if you think they're incorrect.
- **Request Restrictions**: Ask us not to use or share certain information. We are not required to agree but will consider your request.
- **Request Confidential Communications**: Ask us to contact you in a specific way (e.g., only at work, no voicemail).
- **Accounting of Disclosures**: Ask for a list of when we shared your information for reasons other than treatment, payment, or healthcare operations.
- **Get a Copy of This Notice**: You can request a paper copy at any time.
- **Be Notified of a Breach**: You will be notified if a breach occurs that may have compromised your protected health information.

To exercise any of these rights, contact our Privacy Officer using the details at the bottom of this page.

Our Responsibilities

We are required by law to:

- Keep your health information private.
- Provide you with this Notice.
- Follow the terms of this Notice.
- Notify you if a breach of your protected information occurs.

We may change our privacy practices and update this Notice. If we do, the new terms will apply to all health information we maintain. We will post the updated Notice in our office and on our website, and make copies available upon request.

Complaints and Questions

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Contact for complaints or more information:	Privacy Officer Every Kid Pediatric Dentistry Eugene, OR 97401 (541) 686-2446

We are committed to earning and maintaining your trust by protecting your health information with care and respect.