
NOTICE OF PRIVACY PRACTICES

(Oregon – Dental Practice)

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.

Effective / Last Revised: 02/12/2026

OUR LEGAL DUTIES

Valley Dental Works is required by federal law and Oregon law to maintain the privacy of your protected health information (PHI), to provide you with this Notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured PHI.

We are required to follow the privacy practices described in this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by law. When we make a material change, we will revise this Notice and make the updated version available at our practice location and upon request.

You may request a copy of this Notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your PHI for the purposes described below. When required, we limit disclosures to the **minimum necessary** to accomplish the intended purpose, except for disclosures related to treatment.

Treatment

We may use or disclose your PHI to provide, coordinate, or manage your dental care and related services. For example, we may share your information such as dental X-rays, treatment plans, and clinical notes with dental specialists, laboratories, imaging centers, or other health care providers involved in your care.

Payment

We may use or disclose your PHI to obtain payment for services provided to you. Payment activities may include billing, claims submission, collections, insurance eligibility verification, and determinations of coverage.

Health Care Operations

We may use or disclose your PHI for health care operations, including quality assessment and improvement activities, training, licensing, accreditation, audits, credentialing, compliance activities, and general business operations.

Individuals Involved in Your Care or Payment

We may disclose your PHI to family members, friends, or other individuals you identify who are involved in your care or payment for your care, unless you object or restrict such disclosures.

Disaster Relief

We may use or disclose your PHI to assist disaster relief efforts, as permitted by law.

Required by Law

We may use or disclose your PHI when required to do so by federal, Oregon, or local law.

Public Health Activities

We may disclose PHI to public health authorities for purposes such as preventing or controlling disease, reporting abuse or neglect, reporting adverse reactions to products, or preventing a serious threat to health or safety.

Law Enforcement, Oversight, and Legal Proceedings

We may disclose PHI for law enforcement purposes, health oversight activities, judicial or administrative proceedings, workers' compensation claims, and other lawful purposes, as permitted or required by law.

Research

We may disclose PHI for approved research activities that include appropriate privacy protections, as permitted by law.

Coroners, Medical Examiners, and Funeral Directors

We may disclose PHI to coroners, medical examiners, or funeral directors as necessary to perform their duties, as permitted by law.

Fundraising

We may contact you for fundraising purposes as permitted by law. You have the right to opt out of receiving fundraising communications at any time. Opting out will not affect your care or treatment.

OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION

We will obtain your **written authorization** before using or disclosing your PHI for:

- Marketing purposes
 - Sale of PHI
 - Disclosure of psychotherapy notes
- You may revoke your authorization in writing at any time, except to the extent we have already relied on it.

USES AND DISCLOSURES THAT ARE PROHIBITED

Federal law prohibits us from using or disclosing your protected health information in certain ways. For example, we are not permitted to use your health information for employment-related decisions, housing determinations, or other non-health-related purposes without your authorization. We also may not disclose your PHI for purposes unrelated to your treatment, payment, or health care operations unless permitted or required by law or authorized by you.

USES AND DISCLOSURES REQUIRING PATIENT ATTESTATION

Certain uses and disclosures of protected health information, including records related to substance use disorder treatment, are subject to additional federal confidentiality protections. These records have stricter limits on how they may be used or disclosed and generally require your written authorization unless disclosure is otherwise permitted by law.

REDISCLASURE NOTICE

Information disclosed pursuant to this Notice may be subject to redisclosure by the recipient and may no longer be protected by federal or state privacy laws. Recipients of substance use disorder treatment records may not redisclose this information unless permitted by federal law or authorized by you in writing.

SUBSTANCE USE DISORDER RECORDS

If this practice creates or maintains records subject to additional federal protections for substance use disorder treatment records, such records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, as permitted by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights with respect to your PHI:

Right to Access

You have the right to inspect or receive copies of your PHI in paper or electronic form. Records will generally be provided no later than 30 days after your request and may be provided electronically when requested and available.

Right to an Accounting of Disclosures

You also have the right to request an accounting of disclosures.

Right to Request Restrictions

You have the right to request restrictions on certain uses or disclosures of your PHI. We must agree to restrictions related to services paid in full out-of-pocket when disclosure is to a health plan.

Right to Request Confidential Communications

You have the right to request that we communicate with you in a specific way or at a specific location.

Right to Request an Amendment

You have the right to request that we amend your PHI if you believe it is incorrect or incomplete.

Right to Notification of a Breach

You have the right to be notified of breaches of unsecured PHI.

Right to a Paper Copy

You have the right to receive a paper copy of this Notice at any time.

ADDITIONAL PRIVACY RIGHTS FOR OREGON RESIDENTS

Oregon law provides additional privacy protections for your medical and dental information beyond those required by federal law.

Under Oregon law, you have the right to:

- Inspect and receive a copy of your dental records within the timeframes required by Oregon law
- Request corrections to your records
- Receive an accounting of disclosures as provided by Oregon law
- Require written authorization for certain disclosures that may otherwise be permitted under federal law

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, please contact:

Practice Name: Valley Dental Works

Privacy Officer or Contact: Deon

Phone: 503-667-2400

Address: 16144 SE Happy Valley Town Center Dr., Suite #206, Happy Valley, OR 97086

You may file a complaint with the Oregon Health Authority or the Oregon Board of Dentistry if you believe your privacy rights have been violated. Filing a complaint will not affect your care or services.