

HIPAA 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 value the trust and confidence our patients put in us every day. We recognize that part of that trust includes the protection of their personal health information.

As an affiliated practice of DentaQuest Care Group Management, we take the safe-guarding of this trust very seriously. We believe it is our responsibility to disclose how we collect and store personal information as well as how we use and share that information.

Please review this document carefully. We welcome any questions you might have. **This notice takes effect February 16, 2026.**

INFORMATION COLLECTION AND USE

The customer information we collect and maintain is used to serve and administer the customer relationship. We gather this information through applications and forms as well as the results of your dental treatment and your dental account transactions.

OUR LEGAL RESPONSIBILITY

We are required by state and federal law to make sure that your protected health information is kept private and secure. In order to achieve that goal, we are required to provide this information regarding the duties and privacy practices we provide to maintain your privacy. We will inform you, as quickly as possible, if your privacy or the security of your information is compromised. We reserve the right to make changes to our privacy practices. Any new terms will be effective for all health information we maintain, including information preceding the changes. You can always find a copy of this policy at <https://www.advantagedental.com/about/privacy-policy>. You can request a copy of our privacy policy at any time.

- We will not sell your information.
- We will only share your information for the purposes outlined in this document, unless we have written authorization from you. You may revoke the use of your information by written request at any time.

OUR USES AND SHARING



Treatment

We may use your health information and share it with other providers who are treating you.



Payment

We may use and share your health information as part of the process for billing insurance for services we provide to you.



Healthcare Operations

We may use your information to assess the quality of our care, assess the competence and qualifications of our providers, conduct training programs, peer review and to institute improvement processes.

We may share your information with your health plan sponsor so they can manage your plan.

We may use your information to contact you with information about upcoming appointments, oral health educational information, patient satisfaction surveys or new services we believe you'd like to know about. We will make every effort to make these communications relevant and informational. These communications may be by text and/or email if you've provided us with an email address or a cell phone number. In either case, while we strive to make these communications useful to you, there is always an option to opt out of email communications by following the instructions at the bottom of every email. Customers can opt out of texting by following the instructions they receive in their initial text.

We use patient information to offer goods and services we believe will be of interest to most of our patients. At times, we may also create and use aggregate Patient Information that is not personally identifiable to understand more about the common interests of our Patients.



Public health and safety issues

We may share health information about you for reasons that will impact public health and safety like trying to stop disease, helping with product recalls, reporting adverse reactions to medications, reporting if we think there might be abuse, neglect, or domestic violence and trying to stop or reduce a serious threat to anyone's health or safety.



Healthcare research

We may use or share your information for health research.



Required by law

We will share information about you if laws require us to. We will share information with the Department of Health and Human Services if it wants to see that we are following privacy laws. We can also share health information about you if we get a court or administrative order, or a subpoena.

Organ and Tissue donation and work with a medical examiner or funeral director

We may share health information about you with companies that try to find organ donations or with a coroner, medical examiner, or funeral director when someone dies.

Substance Use Disorder (SUD) Treatment Records (42 C.F.R. Part 2)

If your records include information about treatment for substance use disorders (SUD), they are protected by more stringent federal privacy laws. If your records were provided to us with your written consent for payment, treatment, or healthcare operations, HIPAA does allow us to further disclose these records for these same purposes without additional consent. If your SUD treatment records include counseling notes, a separate specific consent is required for disclosure. If we ever intend to use these records to contact you for fundraising, we will first give you a clear and easy way to opt-out of those communications.

We may not use or disclose your SUD treatment records, or their contents, in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order. Before a court order is issued, you or we must be given a chance to be heard by the court. Additionally, a court order must be accompanied by a legal demand such as a subpoena before we can release these records. Please be aware that if you do authorize us to share your health information, including SUD treatment records, with another person or organization, it may be reshared by them. In those cases, the information may no longer be protected by federal or state privacy laws.



YOUR CHOICES

For certain health information, you have both the right and choice to tell us what we can share.

You may ask us to share information with your family, close friends or others involved in payment for your care. You may ask us to share information in a disaster relief situation. If you can't tell us what you want us to do, for example if you are not conscious, we may share your information if we think it is what is best for you. We may also share your information when needed to reduce a serious threat to health or safety.

We never share or sell your information for marketing or unless you give us written permission.



YOUR RIGHTS

When it comes to your health information, you have rights outlined below:

Get a copy of your medical record

You may ask to see or get a copy of your health, claims and dental records, and other health information we have about you. We will give you a copy or a summary of your health, claims or dental records, usually within 30 days of when you asked for them. We may charge a fee to pay the costs to do this.

Ask us to correct health and claims records

You may ask us to correct your health claims or dental records if you think they are incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

You may ask us not to share information about a service with your health insurer if you pay for a service or health care item out-of-pocket in full. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

You may ask for a list of the times we have shared your health information for up to six years before the date you asked. We will tell you who we shared it with, and why. We will include all the times we have shared it except when it was regarding treatment, payment, and health care operations, and certain other times (such as when you asked us to share it). We will provide one list per year for free. We will charge a cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.



Questions and Concerns

At Advantage Dental we support your privacy rights. We will not retaliate if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

You can complain if you feel we have violated your privacy rights by contacting us at one of the following:

Privacy Officer

Advantage Dental+
P.O. Box 2906
Milwaukee, WI 53201-2906
Toll Free: 1.866.737.3559
Email: privacy@greatdentalplans.com

U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue SW
Washington, D.C. 20201
Toll-Free: 877-696-6775 or TTY 866-788-4089
Email: OCRComplaint@hhs.gov
www.hhs.gov/ocr/privacy/hipaa/complaints/

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html