



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

This Notice describes the privacy practices of each of the Bluetree Dental practices and the “organized health care arrangement,” which is comprised of each individual dental practice owned by or affiliated with Carefree Practice Resources, LLC (referred to herein as “Bluetree Dental”). Each of the dental practices that comprises the organized health care arrangement are presenting this document as their joint notice of privacy practices. Dental practices that participate in the organized healthcare arrangement may share medical information with each other for treatment, payment, or healthcare operations as described in this Notice.

Bluetree Dental is committed to protecting the privacy of your identifiable health information, known as “protected health information” or “PHI.” We are required by law to provide you with you with this Notice of our legal duties and privacy practices regarding PHI and to abide by the terms of the Notice currently in effect.

How We May Use and Disclose Your PHI

We use your PHI for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed in this Notice,

* **Treatment** – for dental treatment or services. Bluetree Dental uses or discloses your PHI to healthcare professionals, as authorized, who require access to your PHI for treatment. For example, your PHI may be disclosed to staff members, other dentists, physicians, and providers not affiliated with Bluetree Dental that are involved in your treatment.

* **Payment** - to bill and collect payment for your healthcare services. We may disclose or use your PHI to payers and health plans to determine eligibility for services or obtain payment for our services.

* **Health care operations** – for activities to support health care operations, which may include management, operations, quality assurance, utilization review, or other necessary functions.

* **Appointment Reminders.** Bluetree Dental may use and disclose medical information and the contact information you have provided to contact you with appointment reminders. If we do not reach you, we may leave a message with an individual who answers the phone or leave a voicemail message.

* **Alternatives and Health-Related Services.** Bluetree Dental may use and disclose medical information to inform you about recommended treatment alternatives and options or to inform you of health-related benefits and services potentially of interest to you.

* **Individuals Involved in Your Care.** Bluetree Dental may release health information about you to a friend or family member who is involved in your medical care. Bluetree Dental may also provide information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity

assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

* **Business Associates** - Some services provided to or on behalf of Bluetree Dental by third parties are known as “business associates”. Bluetree Dental may disclose your healthcare information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

* **To Avert Serious Threat to Health or Safety** - to prevent a serious threat to the health and safety of yourself, the public or another person. We may disclose information to a family member or a close friend if necessary to assist you in a life-threatening emergency.

* **Required by Law** - when required by federal, state or local law, we must disclose or use your information to the extent required.

* **Research** - Bluetree Dental may disclose your information for research projects that have been approved by an institutional review board or privacy board that has analyzed the research proposal to review the effect of the research on your privacy rights and related interests.

* **Public Health Activities** - to public health or other authorities charged with preventing or controlling disease, injury or disability. We may also disclose your information to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, or problems with FDA-regulated products.

* **Health Oversight Activities** - for audits, investigations, inspections, licensing purposes, or other activities necessary for appropriate oversight, as authorized by law. These disclosures may be necessary for certain state and federal agencies to monitor the health-care system, government programs, and compliance with civil rights laws.

* **Lawsuits and Disputes** - in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose PHI about you in response to a subpoena. We may also use or disclose your information to defend ourselves in the event of a lawsuit or administrative proceeding.

* **Law Enforcement** - for law enforcement purposes if required to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

* **Victims of abuse, neglect, or domestic violence** – to a government authority, including social services, if we reasonably believe that an individual is a victim of abuse, neglect, or domestic violence.

* **Information Not Personally Identifiable** - we may disclose de-identified health information that does not personally identify you or reasonably reveal who you are.

* **Business Associates** – to business associates for their performance of certain services provided to or on behalf of Bluetree

Dental. For example, a business associate may conduct billing, collections, or storage services on our behalf.

* **Other Uses and Disclosures.** As permitted by law, we may disclose your PHI to organ and tissue donor organizations, correctional institutions, coroners, medical examiners and funeral directors, workers compensation agents, or military command authorities.

Other Uses and Disclosures

For purposes not described above, including uses and disclosures of PHI for marketing purposes and disclosures that would constitute a sale of PHI, Bluetree Dental will ask for patient authorization before using or disclosing PHI. If you signed an authorization form, you may revoke it in writing at any time, except to the extent that action has been taken in reliance on the authorization. If you revoke your authorization, we will no longer use or disclose information about you for the purposes covered by your written authorization. However, we cannot take back any uses or disclosures already made with your permission.

Individual Rights

You have the right to inspect and receive a copy of your PHI. You and your personal representative have the right to access PHI consisting of your medical information. Within 30 days after our receipt of your request, you will receive a copy of requested information unless an exception applies. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by Bluetree Dental will review your request and the denial. The person conducting the review will not be the person who denied your request. Bluetree Dental will comply with the outcome of the review.

You have the right to request a correction or update your PHI. If you believe that your PHI contains a mistake, you may request, in writing, that Bluetree Dental correct the information. If your request is denied, we will provide an explanation of the reasoning for our denial. Bluetree Dental may deny the request when the information (1) was not created by Bluetree Dental unless the person or entity that created the information is no longer available to make the amendment; (2) the information is not part of the medical information kept by or for Bluetree Dental; (3) the information is not part of the information which you would be permitted to inspect and copy; or (4) the information is accurate and complete

You have the right to request an accounting of disclosures. You have the right to receive a list of certain disclosures of your PHI made by Bluetree Dental in the past six years from the date of your written request. Under the law, this does not include disclosures made for treatment, payment, or healthcare operations pursuant to your written authorization or certain other purposes. To request the accounting of disclosures, you should contact the Privacy Officer in writing to obtain and complete the required form. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free, but we may charge you for the costs of providing additional lists. Bluetree Dental will notify you of the cost

for an additional request for an accounting, and you may choose to withdraw or modify your request before any costs are incurred.

You have the right to request to receive communications of PHI by alternative means or at alternative locations. You may request that we communicate with you about medical matters in a certain alternative way or at a certain location, provided that such requested alternative mode of communication or the alternative location are reasonable.

You have the right to request a restriction or limitation. You may request that we agree to restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request, except for requests to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

You have the right to a paper copy of this Notice. If you have agreed to receive this Notice electronically, you are still entitled to a paper copy upon request.

How to Exercise Your Rights. To exercise any of your rights described in this Notice, you must send a written request to our Privacy Officer using the Contact Information below. Bluetree Dental will consider your request and provide you a response.

Changes to This Notice. We reserve the right to change this Notice and to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. If this notice is revised or changed, we will post the current Notice with its effective date. An up-to-date copy of this Notice is available electronically on our website at bluetreedental.com. You are entitled to a copy of the Notice currently in effect.

Communications. E-mail and text messaging may not be a secure method of transmitting information. By providing us with your email address or mobile phone number, you understand these risks and consent to us communicating with you via e-mail or text message about your treatment or payment for your care.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint with our office, please contact:

Privacy Officer
Bluetree Dental
Chris O'Higgins

3605 Grant Drive, Reno, NV 89509

For Further Information: Requests for further information about topics covered in this Notice may be directed towards the person who gave you the notice or to our Privacy Officer.

Effective Date: August 2023



NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Bluetree Dental Notice of Privacy Practices (“Notice”). Our Notice provides information about how we may use and disclose your health information. We encourage you to read it in full.

Our Notice is subject to change. If we change our Notice, you may obtain a copy of the revised Notice by visiting bluetreedental.com or by contacting the Privacy Officer.

If you have any questions about our Notice, please contact the Privacy Officer.

I acknowledge receipt of the Notice of Privacy Practices.

Print Name: _____ Date: _____

Signature: _____
(Individual or Personal Representative)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if a signature is not obtained. Please check the box that best applies.

Individual/Personal Representative already received the Notice.

Describe the good faith efforts made to obtain the individual/personal representative’s acknowledgment, and the reasons why the acknowledgment was not obtained below:

Print Name: _____ Date: _____

Signature: _____
(Bluetree Dental Staff)