

OMNIBUS Rule HIPAA NOTICE OF PRIVACY PRACTICES for the Facility of:

Legal Entity Practice Name: Family Dental Group dba Fowlerville Family Dentistry

Mailing Address: 753 South Grand Ave. Fowlerville MI 48836

Effective date: February 16, 2026

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.

For purposes of this Notice, "we," "our," and "us" refer to the health care facility named above. "You" and "your" refer to our patients or their authorized legal representatives.

We are committed to protecting the privacy of your Protected Health Information (PHI). We follow the Health Insurance Portability and Accountability Act (HIPAA), its implementing regulations, and all amendments, including the 2026 revisions concerning Substance Use Disorder (SUD) treatment information governed by 42 CFR Part 2.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy of your PHI, including SUD information that may carry extra confidentiality protections under 42 CFR Part 2
- Provide you with this Notice of our legal duties and privacy practices
- Notify you following a breach of unsecured PHI
- Follow the terms of this Notice

HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR WRITTEN AUTHORIZATION:

- **Treatment:** We may use and share your PHI with other dentists, physicians, or health care professionals who are treating you. Example: We send x-rays to a specialist for a consultation
- **Payment:** We may use and share your PHI to bill and get payment from health plans or other entities. Example: We submit information to your dental plan to obtain payment
- **Health care operations:** We may use and share your PHI to run our practice, improve your care, and contact you when necessary. Example: Quality assessment, auditing, or customer service
- **Public health and safety:** We may share PHI for public health reporting, to report abuse or neglect, to avert a serious threat to health or safety, or for product recalls, as permitted by law
- **Health oversight and law enforcement:** We may share PHI with health oversight agencies, for law enforcement purposes, or as required by a court or administrative order, subpoena, or similar process, as permitted by law
- **Research:** We may use or share PHI for research under specific conditions approved by an Institutional Review Board or privacy board, or with your authorization
- **Workers' compensation and other government functions:** We may share PHI for workers' compensation claims and for specialized government functions as permitted by law
- **Business associates:** We may share PHI with third parties who provide services for us (business associates) under contracts requiring them to protect your information

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:

- Most uses and disclosures of psychotherapy notes (if any)
- Marketing communications, sales of PHI, and other uses not described in this Notice
- Sharing your PHI for purposes not permitted by law without your written permission

YOUR RIGHTS REGARDING YOUR PHI:

- **Right to access:** You can ask to see or get an electronic or paper copy of your dental record and other PHI we have about you. We will provide a copy or a summary of your health information within required time frames and may charge a reasonable, cost-based fee
- **Right to request an amendment:** You can ask us to correct information you think is incorrect or incomplete. We may say "no," but we will tell you why in writing within 60 days
- **Right to request restrictions:** You can ask us not to use or share certain PHI for treatment, payment, or health care operations. We are not required to agree, except when you pay out-of-pocket in full and request that we not share information with your health plan for that service
- **Right to request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address
- **Right to an accounting of disclosures:** You can ask for a list of certain disclosures we have made of your PHI for the six years prior to your request
- **Right to a paper copy of this Notice:** You can ask for a paper copy of this Notice at any time
- **Right to choose a personal representative:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information, consistent with applicable law

OUR DUTIES:

- We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI
- We must follow the duties and privacy practices described in this Notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time

SPECIAL NOTICE ABOUT SUBSTANCE USE DISORDER (SUD) RECORDS (42 CFR PART 2):

If we create, maintain, or receive SUD records protected by 42 CFR Part 2, those records are subject to additional protection. Part 2 prohibits us from using or disclosing SUD records for many purposes without your written consent, including certain treatment, payment, and health care operations. Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a specific court order. You may revoke your consent as permitted by Part 2. We may combine this notice with Part 2 Patient Notice so long as all required elements are included.

FUNDRAISING COMMUNICATIONS:

If we contact you for fundraising, you will have a clear opportunity to opt out of receiving further communications. We will not use or share 42 CFR Part 2 SUD records for fundraising without your written consent.

QUESTIONS AND COMPLAINTS:

If you have questions or want to exercise your rights, contact:
You may file a complaint with:

U.S. Department of Health & Human Services — Office for Civil Rights
200 Independence Ave., SW
Washington, DC 20201
Phone: 877-696-6775

or

Our Privacy Officer:

Name: Brian K Giammalva
Facility: Fowlerville Family Dentistry
Address: 753 South Grand Ave Fowlerville MI 48836
Phone: (517) 223-8545 **Fax:** (517) 223-8505
Email: Fowlervillefd@gmail.com

We will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT:

You will be asked to sign an acknowledgment that you received this Notice.

NOTE: This NPP is written in plain language. We will post the current Notice in our office and on our website and provide it upon request. We will update this Notice when our privacy practices materially change.

HIPAA Non-Discrimination Notice for Medicaid & Medicare Use

Fowlerville Family Dentistry (*Healthcare Facility Name*) complies with applicable Federal Civil Rights Laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Fowlerville Family Dentistry (*Healthcare Facility Name*) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as: HIPAA interpretation in written format, written information in large print, audio-accessible formats via www.HHS.gov 800#, electronic formats & hard copies.

We also comply with HIPAA Law to provide free HIPAA Translation to people whose primary language is not English. For language translation, in the top 15 common languages we will have you call: **800-752-0093**. Or please contact our **HIPAA Officer** for additional guidance on these translation links or other fore mentioned communication aids at the phone number listed below.

If you believe that Fowlerville Family Dentistry (*Healthcare Facility Name*) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

HIPAA Officer: Brian K Giammalva
Office Name: Fowlerville Family Dentistry
Office Address: 753 South Grand Ave Fowlerville MI 48836
Office Phone: (517)223-8545
Office Fax: (517)223-8505

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> , or by U.S. mail or telephone:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F HHH
Building Washington, D.C. 20201
Phone: 800-368-1019 Fax: 800-537-7697
Language Translation Phone: 800-752-0093

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Assistance Services for Individuals with Limited English Proficiency

Section 1557 Of The Affordable Care Act

We will take reasonable steps, in accordance with current HIPAA requirements, to provide free language assistance services to people who speak common languages that we are likely to hear within our practice and who don't speak English well enough to talk to us about the healthcare service we provide.

Translation of the above statement in:

Spanish: Tomaremos medidas razonables, de acuerdo con los requisitos actuales de HIPAA, para proporcionar servicios de asistencia lingüística gratuitos a las personas que hablan idiomas comunes que probablemente escuchemos en nuestra práctica y que no hablen el inglés lo suficientemente bien como para hablarnos sobre la atención médica. Servicio que brindamos.

French: Nous prendrons des mesures raisonnables, conformément aux exigences actuelles de la loi HIPAA, pour fournir des services d'assistance linguistique gratuits aux personnes qui parlent des langues communes que nous sommes susceptibles d'entendre dans notre cabinet et qui ne parlent pas suffisamment l'anglais pour nous parler des soins de santé. service que nous fournissons.

Italian: Adotteremo misure ragionevoli, in conformità con gli attuali requisiti HIPAA, per fornire servizi di assistenza linguistica gratuiti a persone che parlano lingue comuni che probabilmente sentiremo all'interno della nostra pratica e che non parlano inglese abbastanza bene da parlarci della sanità servizio che forniamo.

French Creole (Haitian Creole): Nou pral pran mezi rezonab pou bay sèvis asistans lang gratis pou moun ki pale lang nou pagen ide deyo ak ki pa pale angle byen ase pou pale ak nou sou swen nou ap bay.

German: In Übereinstimmung mit den aktuellen HIPAA-Anforderungen werden wir angemessene Schritte unternehmen, um Menschen, die gängige Sprachen sprechen und die wir wahrscheinlich in unserer Praxis hören werden, kostenlose Sprachassistentendienste anzubieten, die nicht gut genug Englisch sprechen, um mit uns über die Gesundheitsversorgung zu sprechen Service, den wir anbieten.

Portegues: Tomaremos medidas razoáveis, de acordo com os requisitos atuais da HIPAA, para fornecer serviços gratuitos de assistência em idiomas para pessoas que falam idiomas comuns que provavelmente escutaremos em nossa prática e que não falam inglês o suficiente para conversar conosco sobre os cuidados de saúde. serviço que prestamos.

Croatian: Poduzimat ćemo razumne korake, u skladu s trenutnim zahtjevima HIPAA-e, pružiti besplatne usluge jezične pomoći osobama koje govore zajedničke jezike koje ćemo vjerojatno čuti u našoj praksi i koji ne govore dovoljno dobro engleski jezik da razgovaraju s nama o zdravstvenoj zaštiti usluge koje pružamo.

Greek: Θα λάβουμε εύλογα μέτρα, σύμφωνα με τις ισχύουσες απαιτήσεις της HIPAA, για να παρέχουμε δωρεάν υπηρεσίες γλωσσικής βοήθειας σε άτομα που μιλούν κοινές γλώσσες που πιθανόν να ακούσουμε μέσα στην πρακτική μας και που δεν μιλούν αρκετά καλά αγγλικά για να μας μιλήσουν για την υγειονομική περίθαλψη υπηρεσιών που παρέχουμε.

Korean: 우리는 현재의 HIPAA 요구 사항에 따라 합리적인 조치를 취하여 우리가 실제로 듣고 싶어하는 공통 언어를 사용하는 사람들에게 무료 언어 지원 서비스를 제공 할 것이며 건강 관리에 관해 우리에게 충분히 이야기 할 수 있는 영어를하지 못합니다 우리가 제공하는 서비스.

Albanian: Ne do të ndërmarrim hapa të arsyeshëm, në përputhje me kërkesat e tanishme të HIPAA, për të ofruar shërbime të asistencës gjuhësore falas për njerëzit që flasin gjuhë të zakonshme që ne mund të dëgjojmë brenda praktikës sonë dhe që nuk flasin anglisht mjaft mirë për të folur me ne për kujdesin shëndetësor shërbim që ne ofrojmë.

Hindi: हम वर्तमान HIPAA आवश्यकताओं के अनुसार, सामान्य भाषा बोलने वाले लोगों को मुफ्त भाषा सहायता सेवाएं प्रदान करने के लिए उचित कदम उठाएंगे, जो कि हमारे अभ्यासों में सुनने की संभावना है और केवल अंग्रेजी में हमसे बात करने के लिए पर्याप्त अंग्रेजी नहीं बोलते हैं सेवा हम प्रदान करते हैं।

Tagalog: Magsasagawa kami ng mga makatwirang hakbang, alinsunod sa kasalukuyang mga kinakailangan ng HIPAA, upang magbigay ng mga serbisyo ng tulong sa libreng wika sa mga taong nagsasalita ng mga karaniwang wika na malamang na marinig natin sa loob ng aming pagsasanay at hindi mahusay na nagsasalita ng Ingles upang makipag-usap sa amin tungkol sa pangangalagang pangkalusugan serbisyo na ibinigay namin.

Japanese: 私たちは、現在のHIPAAの要件に従って、私たちが慣れ親しんでいると思う一般的な言語を話し、ヘルスケアについて私たちに十分話すことができない英語を話す人々に無料の言語支援サービスを提供する私達が提供するサービス。

Arabic:

سوف نتخذ خطوات معقولة ، وفقاً لمتطلبات الحالية ، لتوفير خدمات مساعدة لغوية مجانية للأشخاص الذين يتحدثون اللغات الشائعة التي من المرجح أن نسمعها داخل ممارستنا والذين لا يتحدثون الإنجليزية بشكل جيد للتحدث إلينا حول الرعاية الصحية الخدمة التي نقدمها.

Polish: Podejmiemy uzasadnione kroki, zgodnie z aktualnymi wymaganiami HIPAA, aby świadczyć bezpłatne usługi pomocy językowej osobom znającym wspólne języki, które prawdopodobnie usłyszymy w naszej praktyce i które nie mówią po angielsku wystarczająco dobrze, aby porozmawiać z nami na temat opieki zdrowotnej. Świadczone przez nas usługi.

Vietnamese: Chúng tôi sẽ thực hiện các bước hợp lý, theo các yêu cầu hiện tại của HIPAA, để cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho những người nói ngôn ngữ phổ biến mà chúng tôi có thể nghe trong khi thực hành và những người không nói tiếng Anh đủ tốt để nói chuyện với chúng tôi về chăm sóc sức khỏe dịch vụ chúng tôi cung cấp.

Chinese: 我们将根据当前的HIPAA要求采取合理措施，为在我们的实践中可能会听到的普通语言的人提供免费的语言协助服务，并且他们不会说英语，以便与我们讨论医疗保健我们提供的服务。

Russian: Мы предпримем разумные шаги в соответствии с текущими требованиями HIPAA, чтобы предоставить бесплатные услуги языковой помощи людям, которые говорят на общих языках, которые мы, вероятно, услышим в нашей практике, и которые недостаточно хорошо говорят по-английски, чтобы говорить с нами о здравоохранении. Сервис, который мы предоставляем.