

NOTICE OF PRIVACY PRACTICES

Effective Date: May 1, 2026

Revised for Minnesota State Law Compliance



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.

1. OUR COMMITMENT TO PRIVACY

We are required by both federal HIPAA law and Minnesota state law to protect your health information and to provide this Notice about our privacy practices. We must follow the terms of the Notice currently in effect. We reserve the right to change this Notice and our privacy practices, as permitted by law. Revised versions will be effective for all health information we maintain.

Under Minnesota law, you have specific rights related to access to health records, including timeframes and information you must receive in writing when requesting access to your records. Providers must supply complete, current records within 30 calendar days of a written request, in understandable language, unless otherwise allowed by law.

2. DEFINITIONS

Protected Health Information (PHI): Individually identifiable health information in any form (verbal, written, electronic) that relates to your health condition, care, or payment for care.

- Minnesota laws (e.g., Minnesota Statutes §§ 144.291–144.298) provide additional protections and must be followed in addition to HIPAA.

3. HOW WE MAY USE AND DISCLOSE YOUR PHI

For Treatment, Payment, and Health Care Operations

We may use or disclose your PHI without authorization for:

- Treatment: Sharing information with healthcare providers to coordinate care.
- Payment: Billing and payment activities.
- Healthcare Operations: Quality assessment, training, compliance, business activities.

Minnesota-Specific Consent Requirements

Under Minnesota law, your signed, dated consent is generally required before releasing health records to anyone unless another state or federal law explicitly allows the release without consent.

4. ADDITIONAL MINNESOTA STATE LAW DISCLOSURES

Patient Rights Notice

Minnesota law requires that you be provided with clear, conspicuous written notice regarding:

What health records may be disclosed without your written consent, and to whom, and

Your right to access and obtain copies of your health information.

- This state notice requirement is satisfied by including this information in our Notice of Privacy Practices.

Record Locator Services

Minnesota law permits release of identifying information to certain record locator services as part of health information exchanges only if you have been given notice and have not opted out, except in emergencies.

5. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Except as described or permitted by law, we will not use or disclose your PHI without your written authorization. This includes:

- Most marketing communications
- Sales of your PHI
- Uses not described in this Notice

You may revoke an authorization in writing at any time (unless we have already acted on the authorization).

6. DISCLOSURES AND REDISCLOSURE NOTICE

(Federal Requirement)

When we disclose your PHI to others not covered by HIPAA (e.g., insurers, business associates), that information may be subject to redisclosure and no longer protected by HIPAA.

7. YOUR RIGHTS

You have the right to:

- Access and copy your PHI (within the timeframe required by law).
- Request amendment of your PHI.
- Receive an accounting of disclosures.
- Request restrictions on certain uses and disclosures.
- Request confidential communication.
- Opt out of fundraising communications.
- Receive breach notifications as required by law.

These rights are protected under HIPAA and enhanced in some respects by Minnesota law. For example, Minnesota prohibits disclosure of health records to third parties without consent unless specific exceptions apply.

8. SPECIAL FEDERAL AND STATE PROTECTIONS

Certain sensitive categories of information have additional protections that may require written consent or authorization under federal or state law. Examples may include:

- Substance Use Disorder treatment records
- Mental Health records
- HIV/AIDS status
- Genetic information
- Certain state statutes prohibit or limit release of personal health data without explicit consent — in some cases more strictly than HIPAA requires.

9. COMPLAINTS

If you believe your privacy rights have been violated:

- Contact our Privacy Officer:

Name: Tesa Subah

Address: 15160 Foliage Ave #130, Apple Valley, Minnesota 55124

Phone: (612) 601-0050

Email: smile@risedentalimplants.com

- You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

10. PRIVACY OFFICER CONTACT INFORMATION

Name: Tesa Subah

Title: Practice Administrator

Address: 15160 Foliage Ave #130, Apple Valley, Minnesota 55124

Phone: (612) 601-0050

Email: Smile@risedentalimplants.com