

**Clifton Dental Associates
1005 Clifton Ave.
Clifton, NJ 07013**

**Acknowledgement of receipt of Notice of Privacy
Practices**

You may refuse to sign this document

I, _____, have received a copy of this office's
Notice of Privacy Practices.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign.
- ☐ Communication barriers prohibited obtaining the acknowledgement.
- ☐ An emergency situation prevented us from obtaining acknowledgement.
- ☐ Other (Please Specify)

Clifton Dental Associates

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AND HOW YOU CAN ACCESS YOUR INFORMATION. PLEASE READ IT CAREFULLY.

ABOUT THIS NOTICE

This Notice of Privacy Practices describes how we, our Business Associates, and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO), and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" includes demographic information, that may identify you and relates to your past, present, or future physical or mental health condition and related health care services including dental care.

We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice.

This Notice takes effect 2/16/2026. We reserve the right to make updates. Updated Notices will be available in our office as well as on our website at: <https://www.cliftondental.com/>

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by our office and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of our practice, and any other use required by law. Please see descriptions and examples below. Some information, such as HIV related information, genetic information, alcohol and/or substance use disorder treatment records and mental health records may be entitled to special confidentiality protections under applicable state or federal law we will abide by these special protections as they pertain to applicable cases involving these types of records.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your care and any related services. For example, we may disclose your health information to a medical/dental specialist providing treatment to you, including referrals.

Payment: Your health information will be used, as needed, to obtain payment for your services. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, your insurance company, or another third party. For example, we may send claims to your health plan containing certain health information as applicable for our practice or share limited information with authorized parties to resolve a balance dispute.

Healthcare Operations: We may use or disclose your protected health information as needed, to support the business activities of our practice. These activities include, but are not limited to, quality assessment, employee review, training of interns, licensing, billing services, and other business activities. We may also use a sign-in sheet, call you by name in the waiting room, or send reminders via phone, email, or text, related to appointments, payment, or treatment alternatives or other health-related benefits and services that may be of interest to you. You may choose to opt out. We may take intra oral, facial photos, or digital scans for treatment-related purposes.

We may also use authorized Artificial Intelligence (AI) programs to support clinical decision-making, enhance diagnostic accuracy, and improve your oral health outcomes. These tools are used in accordance with applicable privacy laws and are designed to protect your personal health information. For example, we may use AI to document clinical notes or assist in analyzing dental images or identifying treatment options based on your clinical data.

Clifton Dental Associates

PERSONS INVOLVED IN YOUR CARE

We may share information with family members, friends, or others involved in your care if you agree or do not object.

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

We may use or disclose your protected health information in the following situations without your authorization. These situations include Disaster relief, as Required by Law, required Public Health Activities, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners and Funeral Directors, Research, National Security, Workers' Compensation, Inmates, and other required uses and disclosures.

Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization, or opportunity to object, unless required by law. We may disclose your PHI to a personal representative, such as a spouse, relative, or caretaker involved in your care related to their involvement in your treatment or payment of services providing you identify these individual(s) and authorize the release of information. If a young adult age of legal age requests that their information not be released to a parent or guardian, we must comply with this request.

We will obtain your authorization to use or disclose your PHI for marketing, fundraising, or research purposes. We may contact you to provide information about our sponsored activities, including fundraising programs as permitted by applicable law. You may revoke these authorizations or opt out, at any time, in writing, except to the extent that we have already taken an action based upon your prior authorization.

SUBSTANCE USE DISORDER (SUD) TREATMENT INFORMATION

In the normal course of providing treatment, you may disclose to us that you participate in SUD treatment. To the best of our ability, we will not redisclose that information.

If we receive or maintain any information you provide from a substance disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for the purposes of treatment, payment, or health care operations, we may use a disclosure Part 2 Program record for treatment, payment, health operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you and your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, and any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against you, unless you authorized by your consent or the order of a court after it provides you notice of the court order.

YOUR RIGHTS

You have the right to inspect and copy your protected health information (fees may apply) – Pursuant to your written request, you have the right to inspect or copy your PHI whether in paper or electronic format.

©Healthcare Compliance Partners, Inc. All Rights Reserved.

Clifton Dental Associates

Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, PHI restricted by law, information that is related to research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your protected health information – This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your requested restriction except if you request that we not disclose PHI to your health plan with respect to healthcare for which you have paid in full out of pocket.

You have the right to request to receive confidential communications – You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to request an amendment to your protected health information – This request must be made in writing and we have 30-days to reply. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. We may deny amending your PHI if we did not create the information or if the treating provider who created the information is no longer available to make the amendment.

You have the right to receive an accounting of certain disclosures – You have the right to receive an accounting (listing) of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request.

You have the right to receive notice of a breach – We would notify you if your unsecured PHI held by our practice or a business associate has been breached. “Unsecured” is information that is not secured through the use of technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the PHI unusable, unreadable, and undecipherable to unauthorized users.

You have the right to obtain a paper copy of this Notice from us even if you have agreed to receive the Notice electronically. We will also make available copies of our new Notice if you wish to obtain one.

We reserve the right to change the terms of this Notice. The new Notice will be available upon request, posted in our office, and on our website.

COMPLAINTS AND QUESTIONS

You may file a complaint with us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized for filing a complaint.

If you have any questions or wish to file a complaint, please contact us at:

Clifton Dental Associates
1005 Clifton Ave Suite 206
Clifton, NJ 07013
(973) 779-1000
<https://www.cliftdental.com/>

U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, SW
Room 515 F HHH Building
Washington, DC 20201
www.hhs.gov/ocr