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Effective date of notice: 5/1/2009 NOTICE OF PRIVACY PRACTICES Green Dentistry Office of Dr Namrata Patel 360 Post ST Ste 704 San Francisco, CA 94108 415.433.0119 Info@sfgreendentist.com 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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US! OUR LEGAL DUTY

04/01/2026

Notice of Privacy Practices THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect February 16, 2026 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Part 2 Rules on Confidentiality for Patients in Federally Funded Treatment for Substance Use Disorders I'm a dentist in private practice. I received patient information related to a federally funded Part 2 substance use disorder treatment program. What are my obligations concerning this information? What is Part 2? A Part 2 Program refers to programs and activities "relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States."¹ The Part 2 Rules² are federal regulations that address the confidentiality of "[r]ecords of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance"³ of such programs and activities. The Part 2 Rules apply to Part 2 Programs, and to other lawful holders of Part 2 patient records, such as certain dental practices. What is the purpose of the Part 2 Rules? The purpose of the Part 2 Rules is to help protect the confidentiality of patients in federally funded treatment programs for substance use disorders.¹ The rules help address concerns that people may be deterred from entering a substance use disorder treatment program due to fear of discrimination and prosecution. How is Part 2 different than HIPAA? In many ways, a dental practice must protect Part 2 records under the rules similar to those that protect patient information under HIPAA. For example, the HIPAA Breach Notification Rule⁴ applies to Part 2 records held by a dental practice, requiring a dental practice to send notice of a breach of unsecured patient information to affected individuals, the U.S. Department of Health and Human Services, and in some cases, the media. However, there are a few important differences between the Part 2 Rules and HIPAA. Here are some examples of those differences: Consent. With certain exceptions, a Part 2 records comes with a patient consent form permitting the Part 2 Program to disclose the patient's information. Any further disclosure of the Part 2 record must include the consent or a clear explanation of the scope of the consent. There are two kinds of consent under Part 2: A "general consent" permits the dental practice to use and disclose the Part 2 Record for purposes of treatment, payment or health care operations. When a Part 2 record with a general consent is received, the dental practice may use and disclose the information as permitted by the HIPAA Privacy Rule⁵ and as described in its HIPAA Notice of Privacy Practices. If the consent is a "specific consent," the dental practice must only use and disclose the information as expressly permitted in the consent. Legal proceedings. The rules for the use and disclosure of Part 2 records in civil, criminal, administrative, or legislative proceeding are more stringent than HIPAA. Part 2 records may not be used or disclosed in such proceedings unless (1) the patient has consented using a specific, Part 2 compliant consent to the use or disclosure, or (2) a court orders the use or disclosure after meeting all Part 2 requirements. This restriction on disclosure applies to testimony that describes the information in the Part 2 record, as well as to the record itself, and it applies whether the proceedings are at the Federal, State or local level. This restriction is different from the HIPAA rules, which permit disclosures for legal proceedings in certain circumstances (see Section 164.512 of the HIPAA Privacy Rule, available at <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164/subpart-E/section-164.512>). Formal policies and procedures. A dental practice that holds a Part 2 record must have in place formal policies and procedures to reasonably protect against unauthorized uses and disclosures of information and to protect against reasonably anticipated threats or hazards to the security of the information. Many of the required provisions are similar to requirements in the HIPAA Security Rule⁶. Segregating the Part 2 records is not required. The policies and procedures must address the following: (i) Paper records, including: (A) Transferring and removing such records; (B) Destroying such records, including sanitizing the hard copy media associated with the paper printouts, to render the patient identifying information non-retrievable; (C) Maintaining such records in a secure room, locked file cabinet, safe, or other similar container, or storage facility when not in use; (D) Using and accessing workstations, secure rooms, locked file cabinets, safes, or other similar containers, and storage facilities that use or store such information; and (E) Rendering patient identifying information de-identified in accordance with the requirements of the HIPAA Privacy Rule (45 CFR 164.514(b)) such that there is no reasonable basis to believe that the information can be used to identify a particular patient. (ii) Electronic records, including: (A) Creating, receiving, maintaining, and transmitting such records; (B) Destroying such records, including sanitizing the electronic media on which such records are stored, to render the patient identifying information non-retrievable; (C) Using and accessing electronic records or other electronic media containing patient identifying information; and (D) Rendering the patient identifying information de-identified in accordance with the requirements of the HIPAA Privacy Rule (45 CFR 164.514(b)) such that there is no reasonable basis to believe that the information can be used to identify a patient. Notice of Privacy Practices. As of February 16, 2026, dental practices must include in their HIPAA Notice of Privacy Practices (NPP) certain information about patient information from Part 2 programs. Here is sample language: SUD Treatment Information. If we receive or maintain any information about you from a substance use 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 purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care 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 in 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, in any civil, criminal,

administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order. Penalties. Penalties for violating the Part 2 rules align with the civil and criminal penalties that apply to HIPAA violations. Civil penalties can reach thousands of dollars or in some cases over one million dollars. Criminal penalties can result in fines or even jail time. Disclaimer: The Part 2 Rules are complex and nuanced. This resource provides a general overview, but there are exceptions and conditions too detailed to address here. This material is educational only, does not constitute legal advice, and addresses only federal, not state, law. Dentists should contact a qualified attorney in the appropriate jurisdiction for legal advice pertaining to compliance with the Part 2 Rules and other applicable laws and regulations. Reviewed 1/27/2026

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. 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 may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

Payment.

We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

Healthcare Operations.

We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals Involved in Your Care or Payment for Your Care.

We may disclose your health information to your family or friends or any other individual identified by you when they participate in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Disaster Relief.

We may use or disclose your health information to assist in disaster relief efforts.

Required by Law.

We may use or disclose your health information when we are required to do so by law.

Public Health Activities.

We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

National Security.

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

Secretary of HHS.

We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Worker's Compensation.

We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement.

We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities.

We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings.

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research.

We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information. Coroners, Medical Examiners, and Funeral Directors. We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to perform their duties.

Fundraising.

We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

SUD Treatment Information.

If we receive or maintain any information about you from a substance use 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 purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care 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 in 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, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

OTHER USES AND DISCLOSURES OF PHI

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already acted in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS

Access.

You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting.

With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional

requests. **PRIVACY OFFICIAL NAME AND CONTACT INFORMATION:** Right to Request a Restriction. You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full. **Alternative Communication.** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have. **Amendment.** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights. **Right to Notification of a Breach.** You will receive notifications of breaches of your unsecured protected health information as required by law. **Electronic Notice.** You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail). **QUESTIONS AND COMPLAINTS** If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

namrata patel



Patel, Namrata

Signed on 04/09/2026, 10:40 AM

Patient Signature