



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH AND MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH AND MEDICAL INFORMATION IS IMPORTANT TO US.

### OUR RESPONSIBILITIES

We at Colorado Dentistry for Children, LLC understand that medical information about your child's health is personal. Applicable federal and state law requires us to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 1/20/2026 and will remain in effect until we replace it. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. 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. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available 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.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose health information about your child for treatment, payment, and healthcare operations. For example:

**To Treat You:** We can use or disclose your child's health information to a physician or other healthcare provider providing treatment to you.

**Billing and Payment for Services:** We can use and disclose your child's health information to obtain payment for services we provide to you.

**Healthcare Operations:** We can use and disclose your child's health information in connection with our healthcare operations which include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your child (children) health information for treatment, payment or healthcare operations, you may give us written authorization to use your child's (children) health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time; your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your child's (children) health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your child's (children) health information to you as described in the Patient Rights section of this Notice. We may disclose your child's (children) health information to a family member, friend or another person to the extent necessary to help with your child's (children) healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your child's (children) personal representative or another person responsible for your child's (children) care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your child's (children) health information, we will provide you with an



opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your child's (children) healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your child's best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your child's (children) health information for marketing purposes without your written permission.

**Required by Law:** We may use or disclose your child's (children) health information when we are required to do so by state or federal law, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

**Abuse or Neglect:** We may disclose your child's (children) health information to appropriate authorities if we reasonably believe that your child/children are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your child's (children) health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**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 officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Respond to organ and tissue donation requests:** We can share health information about your child (children) with organ procurement organizations.

**Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests: We can use or share health information about you:**

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, text messages or letters).

**Reproductive Health Privacy:** Reproductive health information—including but not limited to information related to pregnancy, contraception, fertility treatment, miscarriage management, abortion care, and related counseling—is treated as protected health information (PHI) under HIPAA.

We do not use or disclose reproductive health information except as permitted or required by law. We do not disclose reproductive health information for the purpose of investigating or imposing liability on individuals, health care providers, or others for seeking, obtaining, providing, or facilitating lawful reproductive health care. We apply



administrative, technical, and physical safeguards to protect reproductive health information from unauthorized access, use, or disclosure.

#### **Permitted Disclosures :**

Reproductive health information may be disclosed only:

- For treatment, payment, and health care operations as allowed by HIPAA
- With the individual's valid written authorization
- When required by law, and only to the minimum extent necessary

**Substance Use Disorder:** We will not use or disclose your SUD (aka, addiction) treatment records without your consent. This includes in civil, criminal, administrative, or legislative proceedings against the you, unless by the order of a court after you have been provided notice of the court order and an opportunity to be heard. We will notify you of any data breach impacting your SUD records in accordance with HIPAA requirements. You have the right to opt out of fundraising communications.

#### **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your child's health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies, mailing, and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. 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 these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**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 how payments will be handled under the alternative means or location you request.

**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.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.



**Reproductive Health Privacy: Individuals** have the right to: Access and obtain copies of their reproductive health information, Request corrections to their records, Receive an accounting of certain disclosures

## 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 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 by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

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.

Privacy Officer: Kaila Casados  
Telephone: 9703878737  
E-mail: GA@brushwithus.com

Address: 242 Cambridge St.

Zip Code: 80723

State: Colorado

City: Brush



**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES  
“You May Refuse to Sign This Acknowledgement”**

I, \_\_\_\_\_ have been informed of this office’s Notice of Privacy Practices.

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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

- The individual refused to sign.
- Communications barriers prohibited obtaining the acknowledgment.
- An emergency prevented us from obtaining acknowledgement.
- Other (Please Specify)