

LONGMONT PERIODONTICS

Dr. Annika Van der Werf, DDS, MS

HIPAA NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGMENT & CONSENT

Effective February 16, 2026

Longmont Periodontics is committed to protecting the privacy of your Protected Health Information (PHI). This Notice explains how your information may be used and disclosed and how you may access it.

Our Legal Duties

We are required to: (1) Maintain the privacy and security of your PHI; (2) Provide this Notice of our legal duties and practices; (3) Follow the terms currently in effect; and (4) Notify you in the event of a breach of unsecured PHI.

How We May Use and Disclose PHI

- **Treatment:** To provide, coordinate, and manage your dental and periodontal care.
- **Payment:** To bill and collect payment from insurance companies or responsible parties.
- **Healthcare Operations:** For administrative, quality assurance, training, compliance, and business activities.

Special Protections for Substance Use Disorder Records (42 CFR Part 2)

If we receive or maintain qualifying substance use disorder (SUD) treatment records:

- They will not be used or disclosed without your written authorization except as permitted by law.
- They generally may not be used in legal proceedings without your authorization or a court order.
- You may revoke authorization in writing, except where action has already been taken.

These protections apply only to qualifying SUD records maintained by our practice.

Your Rights

I acknowledge the Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information (available in office in print form or on the office website at www.longmontperiodontics.com). I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

- May we phone, email or send a text to you to confirm appointments? **YES NO**
- May we leave a message on your answering machine at home or on your cell phone? **YES NO**
- May we discuss your dental conditions with any member of your family? **YES NO**

If YES, please name the family members allowed: _____

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received the Notice of Privacy Practices from Longmont Periodontics.

Patient Name (Print): _____

Signature: _____ Date: _____

If Personal Representative:

Name: _____ Relationship: _____