NOTICE OF PRIVACY PRACTICES

Bruce Martinson, DDS

Bruce Martinson Family and Cosmetic Dentistry

317 E. Wayzata Blvd.
Wayzata, MN 55391
Telephone: 952-473-4639
Email: office@martinsondental.com

Effective date: November 3, 2026
Privacy Officer: Karla Booth- Office Manager

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.

Our Commitment to Your Privacy

We are committed to protecting the privacy of your health information. We are required by law to maintain the privacy and security of your protected health information, provide this notice, and follow the privacy practices described in it. We will notify you as required by law if a breach compromises the privacy or security of your information.

This notice applies to the dental, medical, billing, and other protected health information maintained by our practice.

How We Use and Share Your Information

We use and disclose health information only as permitted or required by applicable federal and Minnesota law. Minnesota law generally requires signed and dated consent to release health records unless a legal exception applies. When Minnesota law provides greater privacy protection than HIPAA, we follow the more protective requirements.

Subject to these requirements, we may use or share your information for:

- Treatment. To provide and coordinate dental care, including consultations with specialists, referrals, prescriptions, and dental laboratory services.
- Payment. To prepare claims, verify benefits, and obtain payment from you, your insurer, or another responsible party.
- Health care operations. To manage our practice, review the quality of care, train staff, and carry out administrative activities.

- Communications about your care. To contact you about appointments, treatment, and related services, consistent with your reasonable confidential-communication requests.

For example, we may use your dental records to plan treatment or share necessary information with your dental insurance company to process a claim, obtaining consent when required.

Other Disclosures Permitted or Required by Law

When applicable legal conditions are met, we may disclose information for:

- Public health activities, including disease reporting, product recalls, and reporting adverse medication reactions.
- Reporting suspected abuse or neglect.
- Preventing or reducing a serious threat to health or safety.
- Health oversight activities, audits, and investigations.
- Workers' compensation and certain authorized government functions.
- Certain law enforcement purposes or legal proceedings, subject to applicable legal requirements.
- Coroners, medical examiners, funeral directors, or organ procurement organizations.
- Research, subject to applicable consent and other legal protections.
- Compliance with federal or state law, including review of our compliance with privacy requirements.

This notice does not authorize disclosures that Minnesota or other applicable law prohibits or for which separate consent is required.

Family Members and Others Involved in Your Care

Tell us whether you want us to discuss your care or payment information with a family member, friend, or another person involved in your care. We will follow applicable consent requirements and your instructions.

If you cannot communicate your wishes, we may share relevant information when permitted by law and when professional judgment indicates that doing so is in your best interest.

Uses Requiring Written Authorization

Uses or disclosures not described in this notice require your written authorization unless otherwise permitted or required by law. Written authorization is generally required for marketing, the sale of protected health information, and most disclosures of psychotherapy notes.

You may revoke an authorization in writing at any time. Revocation does not undo actions already taken in reliance on your authorization.

Special Protection for Substance Use Disorder Records

If we maintain substance use disorder records protected by 42 CFR Part 2, we will apply the additional protections required by that law. Such records may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order and subpoena.

If we use protected Part 2 information for fundraising communications, we will provide advance notice and an opportunity to choose whether to receive those communications. You may ask us not to contact you for fundraising.

Your Rights

You have the following rights regarding your health information:

Access Your Records

You may ask to inspect or receive an electronic or paper copy of your dental records and other health information we maintain about you. We generally provide access within 30 days, subject to applicable law. Any fees will comply with applicable legal limits.

Request a Correction

You may ask us to amend information you believe is incorrect or incomplete. We may deny a request in certain circumstances, but we will explain the denial in writing within 60 days.

Request Confidential Communications

You may ask us to contact you in a particular way or at a different address or telephone number. We will accommodate reasonable requests.

Request Restrictions

You may ask us to limit certain uses or disclosures of your information. We are not required to agree to every request.

If you pay for an item or service out of pocket in full and ask us not to disclose the related information to your health plan for payment or health care operations, we will honor that request unless disclosure is required by law.

Request an Accounting of Disclosures

You may request a list of certain disclosures made during the six years before your request. The list does not include every disclosure; for example, disclosures for treatment, payment, and health care operations are generally excluded.

One accounting in a 12-month period is free. Additional requests may involve a reasonable, cost-based fee.

Receive a Paper Copy of This Notice

You may request a paper copy at any time, even if you previously agreed to receive the notice electronically.

Have an Authorized Representative Act for You

A legally authorized personal representative may exercise your rights when applicable. We will verify that person's authority before taking action.

Questions or Complaints

To ask a question, exercise your rights, or file a complaint, contact:

Privacy Officer: Karla Booth
Bruce Martinson Family and Cosmetic Dentistry
317 E. Wayzata Blvd., Wayzata, MN 55391
Telephone: 952-473-4639
Email: office@martinsondental.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or using the HHS privacy complaint process.

We will not retaliate against you for filing a complaint.

Changes to This Notice

We may change this notice as permitted by law. Revised terms may apply to information we already maintain as well as information we receive in the future. The current notice will be available upon request, in our office, and on our website.

Optional Separate Acknowledgment of Receipt

Patient name:

I acknowledge that I received the Notice of Privacy Practices for Bruce Martinson Family and Cosmetic Dentistry.

Patient or authorized representative signature:

Date:

Representative's authority, if applicable:

For office use if acknowledgment is not obtained:

Efforts made and reason acknowledgment was not obtained:

Acknowledgment documents receipt of the notice; it is not a substitute for a separate authorization or Minnesota-required consent to release records. Covered direct-treatment providers must make a good-faith effort to obtain acknowledgment and document unsuccessful efforts.