Privacy Policy

Notice of Privacy Practices

SMS Privacy Policy

This Privacy Policy covers services provided to you by our office. By law, we are required to maintain the privacy of protected health information and to provide you with the Policy of our legal duties and privacy practices with respect to protected health information. Protected health information consists of information about you (including demographic information) that may identify you and that relates to your past, present, or future physical or mental health or condition. It also includes related health care services.

The Policy describes how Bruce Martinson DDS may use and disclose your protected health to carry out treatment, payment, or health care operations. Other uses and disclosures of your information will be made only with your written authorization (unless otherwise permitted or required by law). The Policy also describes your rights to access and control your protected health information and informs you of your rights to make a complaint to either the office or to the Secretary of Health and Human Services if you believe we have violated your rights.

We are required to abide by the terms of the Policy. We may change the terms of the policy at any time. The new notice will be effective for all protected health information that we maintain at the time of the change. We can provide you with any revised Policy upon request. You may contact our office by one of two ways: calling our Office Manager and requesting that a revised copy be sent to you in the mail, or asking for one at your next appointment.

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.

SMS PRIVACY POLICY

Practice: Bruce Martinson Family and Cosmetic Dentistry

Office phone: 9524734639

Office texting number: 9524731788

Effective date: November 3, 2026

Texting with our office

Martinson Dental uses Dental Intelligence to send and receive routine, nonurgent patient text messages. These may include:

Appointment reminders, confirmations, and scheduling requests.

Office updates and closure notices.

Notifications that form or other information are available.

Requests to call our office.

Texting is optional. You may choose telephone communication or another available method instead. Your choice will not affect your care.

Your privacy

We take steps to protect your information and limit the details included in routine text messages.

However, ordinary text messages are not guaranteed to be private or secure.

Messages may appear on your phone’s lock screen or be viewed by anyone with access to your device, mobile account, or shared messages. Even an appointment reminder may reveal that you are a patient of our practice.

Authorized office staff may review and respond to messages. Relevant communications may be documented in your patient record. For sensitive information, we may ask you to call our office or use an approved secure communication method.

What to send by text

Please keep messages brief and limited to routine requests, such as confirming an appointment or asking us to call you.

Do not send Social Security numbers, credit card or bank information, insurance card images, detailed medical histories, or clinical photographs through ordinary text messages. If we need this information, we will explain how to provide it appropriately.

Hours and urgent concerns

We review text messages during our normal business hours. Our usual response time is within the hour during normal business hours Monday-Thursday. Messages received outside these hours are reviewed when our office reopens.

Do not use text messaging for emergencies or urgent dental concerns. A delivery notification does not mean our team has read your message.

For urgent dental concerns, call Dr Martinson @ 612-723-7030. For a medical emergency, call 911.

Your phone number

Please provide a mobile number you control and notify us promptly if your number changes or you no longer have access to it.

Tell us if the phone is shared or if you have restrictions on how we should contact you. We may need to confirm your identity before discussing patient information.

Stopping text messages

You may reply STOP to a text message from our office to stop messages from that sending number. You may also call 952-473-4639 to ask us to update your communication preferences.

After opting out, you may no longer receive appointment reminders or other office texts from that number. Please arrange another way to receive office communications. Opting out does not affect your care or remove messages already sent.

Frequency and charges

Message frequency varies based on your appointments and communication needs. Message and data rates may apply.

This policy supplements our Notice of Privacy Practices and does not replace it. For privacy questions, contact Karla Booth, 952-473-4639.

Patient consent

Select one:

☐ I agree to receive routine, nonurgent text messages from Martinson Dental, including automated appointment reminders, at the mobile number below. I understand the privacy risks described above and that I may opt out at any time.

☐ I do not want text messages. Please contact me using the alternative method listed below.

Additional SMS privacy information

Information We Collect

When you opt in to receive SMS messages, we collect:

Your phone number

Consent to send SMS messages

How We Use Your Information

We use your information to:

Send you the SMS messages you’ve opted in to receive

Provide updates, promotions, or other relevant content based on your preferences

Sharing Your Information

We do not share your phone number or SMS opt-in information with third parties for marketing purposes.

Your Rights

You can opt out of receiving SMS messages at any time by replying with “STOP” to any message we send you.

Data Security

We implement reasonable measures to protect your personal information from unauthorized access or disclosure.

Contact Us

If you have questions or concerns about our privacy practices, contact us at Bruce Martinson Family and Cosmetic Dentistry.