

## NOTICE OF PRIVACY PRACTICES

**PerioWest**  
**7810 Terrey Pine Court**  
**Eden Prairie, MN 55347**

THIS NOTICE DESCRIBES HOW HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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### OUR RESPONSIBILITIES

We understand that medical information about you and your health is personal. Federal and state law require us to maintain the privacy of your protected health information (PHI). We are required to provide you with this Notice explaining our legal duties and privacy practices regarding your PHI, and to follow the terms of this Notice while it is in effect.

**Effective Date:** February 16, 2026

We reserve the right to change our privacy practices and the terms of this Notice as permitted by law and to make any changes effective for all PHI we maintain, including information created or received before the changes. If we make a material change to our privacy practices, we will update this Notice and make the revised Notice available upon request. We will notify you as required by law if a breach of your unsecured PHI occurs.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose your PHI for treatment, payment, and health care operations as described below:

**Treatment:** We may use or disclose your PHI to dentists, physicians, or other health care providers involved in your care.

**Payment:** We may use or disclose your PHI to obtain payment for services we provide to you.

**Health Care Operations:** We may use or disclose your PHI for practice operations, including quality assessment, training, credentialing, licensing, and administrative activities.

**Your Authorization:** Uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already relied on it.

#### **Family, Friends, and Others Involved in Your Care:**

With your agreement, or when permitted by law, we may use or disclose relevant protected health information to a family member, friend, personal representative, or other person involved in your care or payment for your care. In situations where you are unable to agree or object, we may use our professional judgment to determine whether such disclosure is in your best interest, including to notify someone of your location, general condition, or death.

**Appointment Reminders:** We may use or disclose PHI to contact you with appointment reminders, including voicemail messages, text messages, postcards, or letters.

**Marketing:** We will not use your PHI for marketing purposes without your written authorization.

**Required by Law:** We may use or disclose your PHI when required to do so by federal or state law, including disclosures to the U.S. Department of Health and Human Services for compliance, investigation, or enforcement purposes.

**Abuse, Neglect, or Domestic Violence:** We may disclose PHI to appropriate authorities if we reasonably believe you may be a victim of abuse, neglect, or domestic violence, or to prevent a serious threat to health or safety, as permitted by law.

**Health Oversight Activities:** We may disclose PHI to health oversight agencies for activities authorized by law.

**Law Enforcement and Legal Proceedings:** We may disclose PHI for law enforcement purposes or in response to a court order, warrant, subpoena, or other lawful process, as permitted by law.

**Workers' Compensation:** We may disclose PHI as authorized by workers' compensation laws.

**Organ and Tissue Donation:** We may share PHI with organ procurement organizations.

**Medical Examiner or Funeral Director:** We may share PHI with a medical examiner, coroner, or funeral director when an individual dies.

**National Security and Other Government Functions:** We may disclose PHI for lawful military, national security, intelligence or protective services activities.

**Special Protections for SUD Records:** Substance Use Disorder (SUD) treatment records are subject to enhanced confidentiality protections under federal and state law and may not be used or disclosed in legal proceedings without your written consent or a court order. We will comply with any applicable law that provides greater protection.

**Additional Restrictions on Use and Disclosure:** Certain federal and state laws require additional protections that restrict the use and disclosure of specific types of health information ("Highly Confidential Information"). Such information may be used or disclosed only as permitted by law and may include substance use disorder information, reproductive health information, genetic information, and other information subject to special confidentiality protections.

## **BUSINESS ASSOCIATES**

We may disclose your PHI to business associates that perform services on our behalf, such as billing, practice management, or information technology services. Our business associates are required by contract to protect the privacy and security of your PHI and may use or disclose it only as permitted by law and our agreements.

## YOUR RIGHTS

You have the following rights regarding your PHI:

**Right to Access:** You have the right to inspect or obtain a copy of your PHI, with limited exceptions. Requests must be made in writing. We may charge a reasonable, cost-based fee.

**Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures of your PHI made during the six years prior to your request.

**Right to Request Restrictions:** You may request restrictions on certain uses or disclosures of your PHI. We are not required to agree to all requests, but if we do, we will comply with the agreed restriction.

**Right to Request Confidential Communications:** You may request that we communicate with you by alternative means or at alternative locations. Requests must be made in writing and specify how payment will be handled.

**Right to Request Amendment:** You may request an amendment to your PHI if you believe it is incorrect or incomplete. Requests must be made in writing and explain the reason for the amendment.

**Right to a Paper Copy:** You have the right to receive a paper copy of this Notice, even if you have agreed to receive it electronically.

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## QUESTIONS AND COMPLAINTS

If you have questions about this Notice or our privacy practices, or if you would like additional information, please contact us using the information below.

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. You may file a complaint by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) or by calling 1-877-696-6775.

We will not retaliate against you for filing a complaint.

**Privacy Officer:** Mariana B

**Telephone:** 952-567-7458

**Email:** [tc@periowestmn.com](mailto:tc@periowestmn.com)

**Address:** 7810 Terrey Pine Court, Eden Prairie, MN 55347