

## **NOTICE OF PRIVACY PRACTICES**

**Bunnag Comprehensive Dentistry**  
**Effective Date: February 16, 2026**

**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.**

Bunnag Comprehensive Dentistry is required by law to maintain the privacy of your **protected health information (PHI)**, to provide individuals with notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information.

We must follow the privacy practices described in this Notice while it is in effect.

This Notice takes effect **February 16, 2026** and will remain in effect until it is replaced.

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. Any revised Notice will apply to all protected health information we maintain and will be posted in our office and on our website. Copies of the revised Notice will be available upon request.

You may request a copy of this Notice at any time.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We may use and disclose your protected health information for the following purposes:

#### **Treatment**

We may use and disclose your health information to provide, coordinate, or manage your dental care and related services.

For example, we may share your information with dental specialists, laboratories, or other healthcare providers involved in your treatment.

#### **Payment**

We may use and disclose your health information to obtain payment for services provided to you.

This may include billing insurance companies, processing claims, collections, and determining eligibility or coverage.

For example, we may send a claim to your dental insurance plan that includes certain health information about the services provided.

## **Healthcare Operations**

We may use and disclose your health information for activities necessary to operate our dental practice, including:

- Quality assessment and improvement
- Staff training
- Licensing and credentialing
- Compliance activities
- Business management and administrative services

## **Individuals Involved in Your Care**

We may disclose relevant health information to family members, friends, or others involved in your care or payment for your care unless you object.

If a person has legal authority to make healthcare decisions for you, we will treat that person as your representative.

## **Disaster Relief**

We may use or disclose your health information to assist in disaster relief efforts.

## **Required by Law**

We may disclose your health information when required to do so by federal, state, or local law.

## **Public Health Activities**

We may disclose health information for public health activities, including:

- Preventing or controlling disease, injury, or disability
- Reporting child abuse or neglect
- Reporting reactions to medications or problems with products
- Notifying individuals of recalls, repairs, or replacements of products
- Notifying individuals who may have been exposed to a disease or condition
- Reporting abuse, neglect, or domestic violence when required by law

## **Law Enforcement**

We may disclose your health information for law enforcement purposes as permitted by law or in response to a subpoena, court order, or legal process.

## **Health Oversight Activities**

We may disclose your health information to oversight agencies for activities authorized by law, including audits, investigations, inspections, and licensure.

## **Judicial and Administrative Proceedings**

If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court order, subpoena, discovery request, or other lawful process.

## **Worker's Compensation**

We may disclose your health information as authorized by law to comply with worker's compensation or similar programs.

## **National Security and Military**

We may disclose health information to authorized federal officials for national security, intelligence, or military purposes when required by law.

## **Secretary of Health and Human Services**

We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required for investigations or compliance with HIPAA regulations.

## **Research**

We may disclose your health information to researchers when their research has been approved by an Institutional Review Board or privacy board.

## **Coroners, Medical Examiners, and Funeral Directors**

We may release health information to a coroner, medical examiner, or funeral director as permitted by law.

## **Fundraising**

We may contact you about practice-related communications or fundraising activities permitted by law.

You may opt out of receiving these communications at any time.

## **SPECIAL PROTECTIONS FOR CERTAIN INFORMATION**

Some health information may have additional confidentiality protections under federal or state law, including:

- HIV-related information
- Genetic information
- Substance use disorder treatment records
- Certain mental health records

We will comply with all laws that apply to these protections.

## **OTHER USES AND DISCLOSURES**

Uses and disclosures not described in this Notice will be made only with your **written authorization**.

Your written authorization is generally required for:

- Marketing purposes
- Sale of protected health information
- Most uses of psychotherapy notes

You may revoke your authorization in writing at any time.

## **YOUR HEALTH INFORMATION RIGHTS**

You have the following rights regarding your health information:

### **Right to Access**

You have the right to inspect and obtain copies of your health records. Requests must be made in writing. Reasonable fees may apply.

### **Right to Request an Amendment**

You may request corrections or amendments to your health records.

### **Right to Request Restrictions**

You may request restrictions on certain uses or disclosures of your protected health information.

### **Right to Request Confidential Communications**

You may request that we communicate with you by alternative means or at alternative locations.

### **Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your health information made by our practice.

### **Right to Breach Notification**

You have the right to be notified if a breach occurs involving your unsecured protected health information.

### **Right to a Paper Copy of This Notice**

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

## **QUESTIONS OR COMPLAINTS**

If you have questions about this Notice or believe your privacy rights have been violated, please contact:

**Privacy Official:** Dr. Usa Bunnag

**Practice:** Bunnag Comprehensive Dentistry

**Address:** 6501 Democracy Blvd., Bethesda, MD 20817

**Phone:** 301-896-0633

**Email:** drbunnag@drbunnag.com

You may also file a complaint with the **U.S. Department of Health and Human Services.**

We will **not retaliate** against you for filing a complaint.