

NOTICE OF PRIVACY PRACTICES

Bunnag Dental Associates, P.A.

Effective Date: February 16, 2026

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

Bunnag Dental Associates, P.A. is required by law to maintain the privacy of your protected health information ("PHI"), to provide you with notice of our legal duties and privacy practices, and to notify you in the event of a breach of unsecured PHI. We are required to follow the terms of this Notice currently 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. When changes are made, the updated Notice will be posted prominently in our office and made 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 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. This may include communication with specialists, laboratories, physicians, or other healthcare providers involved in your treatment.

Example: We may send dental records or X-rays to a specialist for consultation.

Payment

We may use and disclose your health information to obtain payment for services we provide. This may include billing insurance companies, processing claims, determining eligibility, and collecting outstanding balances.

Example: We may submit claims to your dental insurance provider that include certain health information.

Healthcare Operations

We may use and disclose your information for practice operations. These activities include:

- Quality assessment and improvement
- Employee training
- Licensing and credentialing
- Compliance reviews
- Audits
- Administrative and business management activities

Individuals Involved in Your Care

We may disclose relevant health information to a family member, friend, or other individual 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 disclose your health information to authorized organizations assisting in disaster relief efforts.

Public Health Activities

We may disclose your health information for public health purposes, including:

- Preventing or controlling disease, injury, or disability
- Reporting child abuse or neglect
- Reporting adverse reactions to medications or devices
- Notifying individuals of product recalls
- Reporting exposure to communicable diseases
- Reporting suspected abuse, neglect, or domestic violence

As Required by Law

We will disclose your health information when required by federal, state, or local law.

Law Enforcement

We may disclose your PHI for law enforcement purposes as permitted by law, including in response to subpoenas, court orders, or legal processes.

Health Oversight Activities

We may disclose PHI to government oversight agencies for activities authorized by law, such as:

- Audits
- Investigations

- Inspections
- Licensing
- Monitoring healthcare systems or government programs

Judicial and Administrative Proceedings

If you are involved in a legal proceeding, we may disclose your PHI in response to a court or administrative order or lawful subpoena.

Workers' Compensation

We may disclose your PHI as authorized by and necessary to comply with laws relating to workers' compensation or similar programs.

National Security

We may disclose PHI to authorized federal officials for lawful intelligence, national security activities, or military authorities when required.

Coroners, Medical Examiners, and Funeral Directors

We may release PHI to coroners or medical examiners to identify a deceased person or determine cause of death, and to funeral directors as permitted by law.

Research

We may disclose your PHI to researchers when their research has been approved by an institutional review board and when privacy protections are in place.

Fundraising

We may contact you regarding fundraising efforts or sponsored activities permitted by law. You may opt out of receiving these communications.

SPECIAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION

Certain types of health information may receive additional protections under state or federal law, including:

- HIV-related information
- Genetic information
- Substance use disorder treatment records
- Mental health records

We will follow all applicable laws governing the use and disclosure of these records.

If we receive information from a **Substance Use Disorder (SUD) treatment program**, we will only use or disclose it as permitted by law and your written authorization unless otherwise allowed by law.

OTHER USES AND DISCLOSURES

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

This includes most uses or disclosures involving:

- Psychotherapy notes
- Marketing
- Sale of protected health information

You may revoke your authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your PHI:

Right to Access

You may inspect or obtain a copy of your health records. Requests must be submitted in writing. Reasonable fees may apply.

Right to Request Amendment

You may request corrections to your health records if you believe they are incorrect or incomplete.

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 will comply when required by law.

Right to Confidential Communications

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

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI.

Right to Breach Notification

You will be notified if a breach occurs involving your unsecured PHI.

Right to a Paper Copy

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

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, you may contact us or file a complaint with the **U.S. Department of Health and Human Services**.

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

Contact Information

Privacy Official: Dr. Usa Bunnag

Practice Name: Bunnag Dental Associates, P.A.

Address:

1400 Spring St., Suite 420
Silver Spring, MD 20910

Phone: 301-681-2969

Email: info.bunnagdental@gmail.com

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

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