

## **Notice of Privacy Practices**

**Effective Date: February 16, 2026**

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

Baltimore Dental, LLC is required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice, and follow the terms currently in effect.

PHI includes information about your past, present, or future physical or mental health condition, treatment, and payment for healthcare services.

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### **Practice Contact Information**

Baltimore Dental, LLC  
4000 Old Court Road, Suite 302  
Baltimore, MD 21208  
New Patients: (410) 713-4666  
Existing Patients: (410) 764-3363  
Email: [baltimoredentallc@gmail.com](mailto:baltimoredentallc@gmail.com)

Privacy Officer:  
Baltimore Dental, LLC  
Phone: (410) 713-4666

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## **HOW WE MAY USE AND DISCLOSE YOUR PHI**

### **1. Standard HIPAA Uses and Disclosures**

We may use and disclose your PHI without your written authorization for:

#### **Treatment**

To provide, coordinate, or manage your healthcare.

#### **Payment**

To obtain payment for services provided.

## **Healthcare Operations**

For quality improvement, staff training, licensing, auditing, compliance, and business management.

## **Appointment Reminders and Health Information**

We may contact you regarding appointments, treatment options, or other health-related services.

## **As Required by Law**

We may disclose PHI when federal, state, or local law requires it.

## **Public Health and Safety**

For public health reporting and safety purposes.

## **Law Enforcement or Legal Proceedings**

When permitted or required by law, such as in response to a valid court order.

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## **SPECIAL CONFIDENTIALITY PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS**

Federal law (42 CFR Part 2) provides additional protections for records relating to substance use disorder diagnosis, treatment, or referral for treatment.

If we create, receive, or maintain SUD treatment records that are subject to Part 2, the following rules apply:

### **1. Written Consent Required**

Unlike general HIPAA rules, we generally may not use or disclose Part 2 protected SUD records for treatment, payment, or healthcare operations without your written consent, unless a specific exception under federal law applies.

Your consent must meet specific federal requirements and may be revoked by you in writing at any time, except to the extent we have already acted on it.

### **2. Restrictions on Legal Proceedings**

Part 2 protected SUD records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless:

- You provide written consent, or
- A court issues a specific order that complies with federal Part 2 regulations.

### **3. Redisclosure Prohibition**

Federal law prohibits the recipient of Part 2 protected SUD information from redisclosing it without your written consent unless expressly permitted by federal law.

Any disclosure made with your consent must be accompanied by a statement that the information is protected by federal confidentiality rules.

### **4. Complaints Regarding Part 2 Violations**

If you believe your Part 2 rights have been violated, you may file a complaint with:

U.S. Department of Health and Human Services  
Office for Civil Rights

You may also file a complaint directly with our Privacy Officer. There will be no retaliation for filing a complaint.

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## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights under HIPAA, and where applicable, under 42 CFR Part 2:

### **Right to Inspect and Copy**

You may request access to your health information.

### **Right to Amend**

You may request correction of inaccurate or incomplete information.

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

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

### **Right to Request Restrictions**

You may request limits on certain uses or disclosures. We are not required to agree to all requests.

### **Right to Confidential Communications**

You may request communication by alternative means or locations.

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

You may request a paper copy at any time.

To exercise any of these rights, contact our Privacy Officer at the number listed above.

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## **OUR RESPONSIBILITIES**

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide this Notice
- Follow the terms of this Notice
- Notify you if a breach occurs that may compromise your PHI

We reserve the right to revise this Notice. Any revisions will apply to all PHI we maintain. Updated versions will be available at our office and on our website.

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## **HOW TO FILE A COMPLAINT**

If you believe your privacy rights have been violated, you may file a complaint with:

Baltimore Dental, LLC  
Privacy Officer  
4000 Old Court Road, Suite 302  
Baltimore, MD 21208  
Phone: (410) 713-4666

Or with:

U.S. Department of Health and Human Services  
Office for Civil Rights

You will not be penalized or retaliated against for filing a complaint.