

## **ALAMOGORDO DENTAL GROUP'S**

### **HIPAA Notice of Privacy Practices**

*Updated: June 1, 2026*

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

#### **Purpose**

We respect your privacy. We are also legally required to maintain the privacy of your protected health information (**PHI**) under the Health Insurance Portability and Accountability Act (**HIPAA**) and other federal and state laws.

As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices (**Notice**). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI.
- Our permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

#### **Contact**

If you have any questions about this Notice, please contact [info@privacydental.com](mailto:info@privacydental.com).

#### **PHI Defined**

Your PHI:

- Is health information about you:
  - which someone may use to identify you; and
  - which we keep or transmit in electronic, oral, or written form.
- Includes information such as your:
  - name;
  - contact information;
  - past, present, or future physical or mental health or medical conditions;
  - payment for health care products or services; or

- prescriptions.

## **Scope**

We create a record of the care and health services you receive, to provide your care, and to comply with certain legal requirements. This Notice applies to all the PHI that we generate.

We and our employees and other workforce members follow the duties and privacy practices that this Notice describes and any changes once they take effect.

## **Changes to this Notice**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website.

## **Data Breach Notification**

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI. We will notify you within the legally required time frame.

## **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- **Get a copy of your PHI.** You can ask to see or obtain an electronic or paper copy of the PHI that we maintain about you (**right to request access**). If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. If the Plans do not maintain the health information, but know where it is maintained, you will be informed of where to direct your request.
- **Ask us to correct your medical record.** You may ask us to correct or amend PHI that we maintain about you that you think is incorrect or inaccurate. For these requests:
  - you must submit requests in writing, specify the inaccurate or incorrect PHI, and provide a reason that supports your request;

- we will generally decide to grant or deny your request within 60 days. If we cannot act within 60 days, we will give you a reason for the delay in writing and include when you can expect us to complete our decision, which will be no longer than an additional 30 days. We will only ask for an extension once in response to a request;
  - we may deny your request for an amendment if you ask us to amend PHI that is not part of our record, that we did not create, that is not part of a designated record set, or that is accurate and complete;
  - if we deny your request, we will tell you why in writing. You will have the right to submit a written statement disagreeing with the denial and, if you opt not to submit this statement, you may request that we provide your original request for amendment and the denial with any future disclosures of PHI subject to the amendment; and
  - we will append the material created or submitted in accordance with this paragraph to your designated record.
- **Ask us to limit what we use or share.** You have the right to ask us to limit what we use or share about your PHI (**right to request restrictions**). You can contact us and request us not to use or share certain PHI for treatment, payment, or operations or with certain persons involved in your care. We require that you submit this request in writing. For these requests:
    - we are not required to agree;
    - we may say "no" if it would affect your care; but
    - we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law.
- **Get a list of those with whom we've shared your PHI.** You have the right to request an accounting of certain PHI disclosures that we have made. For these requests:
    - we will respond no later than 60 days after receiving the request. We may ask for an additional 30 days during this 60-day period, but if we do, we will only do it once, provide a written statement of why, and indicate the date by which we intend to send the response;

- we will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make; and
- we will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will notify you about the costs in advance and you may choose to withdraw or modify your request at that time.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- **Request confidential communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a specific address. For these requests:
  - you must specify how or where you wish to be contacted; and
  - we will accommodate reasonable requests.
- **Make a complaint.** You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:
  - directly with us by contacting [info@privacydental.com](mailto:info@privacydental.com). **All complaints must be submitted in writing;** or
  - with the Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, SW, Room 509F HHH Bldg., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact us at [office@alamogordodental.com](mailto:office@alamogordodental.com), and we will make reasonable efforts to follow your instructions.

**In these cases, you have both the right and the choice to tell us whether to:**

- Share information, such as your PHI, general condition, or location, with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

*If you are not able to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest, according to our best judgment. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we will not share your information unless you give us your written permission:**

- Selling or otherwise receiving compensation for disclosing your PHI.
- Certain research activities.
- Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, but it will not affect information that we have already used and disclosed.

### **Uses and Disclosures of Your PHI**

The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request for your PHI to the minimum we need to accomplish our intended purpose.

### **Uses and Disclosures for Treatment, Payment, or Health Care Operations**

- **Treatment.** When and as appropriate, we may use or disclose health information about you to facilitate treatment or services by health care providers, as well as to provide and manage your dental care. We may disclose health information about you to healthcare providers.
- **Payment.** When and as appropriate, we may use and disclose health information about you to determine your eligibility for plans' benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility and coverage under benefit plans, or to coordinate your coverage. For example, we may disclose information about your health history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to decide if your benefit plan will cover the treatment.

Additionally, we may share health information with another entity to assist with the adjudication or subrogation of health claims, or with another health plan to coordinate benefit payments.

- **Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, for improving services, scheduling appointments, and quality assurance.

### **Other Uses and Disclosures**

We may share your information in other ways, usually for public health or research purposes or to contribute to the public good. For more information on permitted uses and disclosures, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). For example, these other uses and disclosures may involve:

- **Our business associates.** We may use and disclose your PHI to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription (**Business Associates**). The law requires our business associates and their subcontractors to protect your PHI in the same way we do. We also contractually require these parties to use and disclose your PHI only as permitted and to appropriately safeguard your PHI.
- **Electronic communications & recording:** We may monitor, intercept, or record electronic communications—such as phone calls, emails, chats, and other digital transmissions—for purposes including, but not limited to, quality assurance, compliance, training, and patient support. Where required by federal or state law, prior notice and consent will be obtained from all parties before such recordings are made. We comply with both one-party and all-party consent laws depending on the applicable jurisdiction. These practices apply to all locations operated or supported by us and extend to communications with any of our affiliated or partner practices.
- **Complying with the law.** For example, we will share your PHI if the Department of Health and Human Services requires it when investigating our compliance with privacy laws.

- **Helping with public health and safety issues.** For example, we may share your PHI to:
  - report injuries, births, and deaths;
  - prevent disease;
  - report adverse reactions to medications or medical device product defects;
  - report suspected child neglect or abuse, or domestic violence; or
  - Avert a serious threat to public health or safety.
- **Responding to legal actions.** For example, we may share your PHI to respond to:
  - a court or administrative order or subpoena;
  - discovery request; or
  - another lawful process.
- **Research.** For example, we may share your PHI for some types of health research that do not require your authorization, such as if an institutional review board (**IRB**) has waived the written authorization requirement.
- **Addressing workers' compensation, law enforcement, or other government requests.** For example, we may use and disclose your PHI for:
  - workers' compensation claims;
  - health oversight activities by federal or state agencies;
  - law enforcement purposes or with a law enforcement official; or
  - specialized government functions, such as military and veterans' activities, national security and intelligence, presidential protective services, or medical suitability.

### **Our Use of Artificial Intelligence (AI)**

To enhance care and improve services, Artificial Intelligence (AI) technologies may be incorporated into certain aspects of healthcare operations. We may use and disclose your health information in connection with various AI solutions. By AI solutions, we mean computer systems that have the ability to automatically learn and improve based on training and/or experience, without being explicitly programmed, and which we might use to make predictions, recommendations, or decisions about your treatment or our payment and health care operation purposes. AI solutions may also create new, original content,

such as images or text; produce content autonomously that closely resembles human-created output; or produce natural language texts. Our current use of AI solutions is limited but may increase in the future. For any use of an AI solution to treat you, we will inform you in advance of such use, give you the option for us not to use the AI solution to treat you, and obtain your consent prior to the use of the AI solution to treat you.

1. **Transparency:** The organization is committed to transparency regarding its use of AI. This means the organization will strive to inform and educate patients about the use of AI documentation tools, including provisions for privacy and security and any associated risks.
2. **Purpose of AI Use:** AI may be used in various ways, such as:
  - Assisting in summarizing patient encounters or creating treatment summaries.
  - Aiding in diagnosis or suggesting treatment options.
  - Analyzing patient data for trends and insights to improve the quality and efficiency of care.
  - Translating practice provided content and was used with practice responses to patients.
  - Answering patient inquiries and scheduling appointments.
  - Patient Communication and Call Analysis: record and analyze calls; identify lead sources, potential new patients, patient sentiment; automate call summaries, appointment follow-ups; report call conversation data.
  - Treatment Planning and Diagnostics: scan radiographs to identify decay, bone loss, or other pathologies to assist with detection and treatment options.
  - Revenue Cycle Management: detect coding errors in claims to improve reimbursement accuracy and reduce claim denials.
  - Patient Experience and Net Promoter Score (NPS) Tracking: collect and analyze post-visit surveys and online reviews to monitor patient satisfaction for possible follow-up.
  - Scheduling and Predictive Workflows: forecast demand, now-show risk, and optimize provider time for improving appointment utilization and reducing gaps in scheduling.

1. **Data Used by AI:** AI systems may process various types of information, which may include PHI. The organization is committed to protecting the privacy of this data and complying with all applicable regulations.

2. **Your Rights / Patient Control:**

- You will be offered a choice and the right to opt out of the use of AI in your care. For instance, you may choose traditional documentation methods over AI-generated transcription services. A human professional retains ultimate decision-making authority in all aspects of care.
- Right to access relevant data from the use of AI in your care by contacting us at the email address [office@alamogordodental.com](mailto:office@alamogordodental.com).
- We will not retaliate against you for choosing to opt out of the use of AI in your care.

1. **Data Minimization and Security:** Data minimization principles will be applied, collecting and using only the necessary data for AI systems. Robust security measures will also be implemented to protect PHI when used with AI technologies, such as encryption, access controls, and regular security audits.

2. **Addressing Bias:** The potential for bias in AI algorithms is acknowledged, and the organization is committed to addressing this issue. Diverse and representative datasets will be used for training AI models, and potential biases that could lead to disparities in care will be monitored.

3. **Human Oversight:** AI systems are used as tools to support healthcare professionals, not replace them. Clinical judgment and human oversight remain essential in all aspects of care, including when AI tools are utilized.

**Ongoing Monitoring and Improvement:** The performance of AI systems will be continuously monitored, addressing potential risks, and seeking opportunities to improve their effectiveness and ensure the equitable use of AI in care.

**Questions or Concerns? Contact Us**

If you have any questions, concerns, or complaints regarding your privacy or this Notice, you may contact us at:

Alamogordo Dental Group  
1022 East 9th Street  
Alamogordo, NM 88310.  
(575) 437-7473  
[office@alamogordodental.com](mailto:office@alamogordodental.com)

We are here to address your concerns promptly.