

HIPAA Notice of Privacy Practices – Wellesley Family Dental

Policy Updated 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. We are required by law to maintain the privacy of protected health information, provide individuals with notice of our legal duties and privacy practices concerning protected health information, and 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 is currently in effect and will remain in effect until we replace it. 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, and to make new Notice provisions effective for all protected health information we maintain. When we make a significant change to our privacy practices, we will update this notice, post the new notice clearly and prominently at our practice location, and provide copies of the latest notice upon request. You may request a copy of our notice at any time. Please contact us for more information about our privacy practices or to request a copy of this notice.

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records, may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections about applicable cases involving these types of records.

Treatment. We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist treating you.

Payment. We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

Healthcare Operations. We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, training programs, and licensing activities.

Individuals Involved in Your Care or Payment for Your Care. We may disclose your health information to your family or friends or any other individual you identify with when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the legal authority to make health care decisions for you, we will treat that patient's representative the same way we would treat you with respect to your health information.

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

Required by Law. We may use or disclose your health information when we are required to do so by law.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Public Health Activities. We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury, or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Fundraising. We may contact you to provide information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

National Security. We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose to authorized federal official's health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody the protected health information of an inmate or patient.

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

Worker's Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement. We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Coroners, Medical Examiners, and Funeral Directors. We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Other Uses and Disclosures of PHI

With a few exceptions, your authorization is required for disclosure of psycho-therapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided in this notice (or as otherwise permitted or required by law). You may revoke authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already acted in reliance on the authorization.

Your Health Information Rights Access. You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. We may provide photocopies if you request information we maintain on paper. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this notice for an explanation of our fee structure. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting. With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in 12 months, we may charge you a reasonable, cost-based fee for responding to the additional requests.

Right to Request a Restriction. You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations. The information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Alternative Communication. You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location and explain how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we cannot contact you using the ways or locations you requested, we may contact you using our information.

Amendment. You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to Notification of a Breach. You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice. You may receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically on our web site or electronically by e-mail.

Questions and Complaints Please contact us if you want more information about our privacy practices or have questions or concerns.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Additional Privacy for Substance Use Disorder (SUD) Treatment Records: Under federal law (42 CFR Part 2), we provide additional protections for records that identify you as having a substance use disorder. We will not use or disclose these records for civil, criminal, administrative, or legislative proceedings against you unless we have your specific written consent or a court order that meets federal requirements. You may provide a single written consent that allows us to use and disclose your SUD records for all future treatment, payment, and health care operations. You have the right to revoke this consent at any time in writing, except to the extent that we have already acted in reliance on it. Patients have the right to opt out before using or disclosing their SUD records for fundraising activities.

We support your right to the privacy of your health information. Our Privacy officer may be contacted at: Wellesley Family Dental Attn: Dr. Emrey Moskowitz-Porath 298 Washington Street, Wellesley MA 02481

NOTICE OF FINANCIAL POLICY

NON-INSURED PATIENTS

Payment is expected in full at the time of service. For certain major procedures, arrangements can be made at the discretion of the office. These arrangements will be made and explained prior to treatment.

INSURED PATIENTS

We accept a variety of dental insurances. We accept most private insurance plans that do not require you to see a strictly "in network" dentist, however treatment at our office may be subject to "out of network" co-payments and reduced coverage depending on the plan. While we make attempts to verify your insurance benefits prior to your appointment, we highly recommend that you familiarize yourself with your dental coverage and benefits, including your yearly maximum and deductible, waiting periods, and any other coverage exceptions or limitations. We will submit claims to any dental or medical insurance company on our patients' behalf. Our office will do everything possible to help you understand and make the most of your dental insurance benefits.

We will not take responsibility for any changes in benefits or eligibility for services. You are responsible for any portion not paid by your insurance company. If your claim is denied, or if payment is not rendered by your insurance, you will be responsible for the balance in full. We are not permitted to waive patient co-payments, co-insurance or deductibles under our contractual carrier agreements and federal law. Your financial responsibility will be reflected on your insurance carrier's Explanation of Benefits.

ALL PATIENTS

Our fees are subject to change upon annual review. Any outstanding balance not paid at the time services are rendered will be subject to a finance charge after 60 days. We reserve the right to turn delinquent accounts (90 days or more unpaid) over to a collections agency. The patient or person in charge of the account will be responsible for paying any administrative fees, legal fees, court costs, or any other costs of collection.

Account statements for any balances due will be issued at anytime, or at the request of the patient or responsible party.

CANCELLATION AND RESCHEDULING POLICY

We will make every effort to contact you to confirm your appointment prior to your scheduled visit. If you are unable to keep your appointment please call our office at least **48 hours** before the scheduled appoint to avoid a cancellation charge of \$75 per appointed hour.

Our office reserves the right to deny future appointments to patients who repeatedly cancel or reschedule without 48-hours advanced notice.

781-263-9900

Effective date of notice: 2/16/2026
NOTICE OF PRIVACY PRACTICES
Dr. Emrey Moskowitz-Porath, D.D.S.
298 Washington Street, Wellesley MA 02481

smile@wellesleyfamilydental.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND NOTICE OF FINANCIAL POLICY

I acknowledge that I received and reviewed a copy of Wellesley Family Dental's Notice of Privacy Practices and Notice of Financial Policy dated 2/16/2026. I understand and accept my responsibility, and I have been offered a copy of the paperwork. I have reviewed and understand the financial policies of the practice.

Patient name(s) _____

Signature _____

Date _____