



LIGHT DENTAL™

NOTICE OF PRIVACY PRACTICES: WASHINGTON STATE DENTAL PRACTICE (ADULT & PEDIATRIC)

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

OUR LEGAL DUTIES

WE ARE REQUIRED BY LAW TO:

- MAINTAIN THE PRIVACY AND SECURITY OF YOUR PROTECTED HEALTH INFORMATION (PHI)
- PROVIDE YOU WITH THIS NOTICE
- FOLLOW THE TERMS OF THIS NOTICE

WE COMPLY WITH:

- THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
- 42 CFR PART 2 (SUBSTANCE USE DISORDER CONFIDENTIALITY REGULATIONS)
- WASHINGTON UNIFORM HEALTH CARE INFORMATION ACT (RCW 70.02)
- WASHINGTON MY HEALTH MY DATA ACT (MHMDA)

WHEN STATE AND FEDERAL LAWS DIFFER, WE FOLLOW THE LAW THAT PROVIDES GREATER PRIVACY PROTECTION.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION:

WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR:

TREATMENT: TO PROVIDE DENTAL CARE, COORDINATE WITH SPECIALISTS, AND MANAGE YOUR TREATMENT.

PAYMENT: TO BILL AND COLLECT PAYMENT FROM YOU, INSURANCE COMPANIES, OR OTHER THIRD PARTIES.

HEALTH CARE OPERATIONS: FOR ADMINISTRATIVE PURPOSES SUCH AS QUALITY IMPROVEMENT, STAFF TRAINING, AUDITS, LICENSING, AND BUSINESS MANAGEMENT.

WASHINGTON-SPECIFIC DISCLOSURES:

WE MAY DISCLOSE INFORMATION WHEN REQUIRED BY WASHINGTON LAW, INCLUDING:

- WORKERS' COMPENSATION CLAIMS (E.G., LABOR & INDUSTRIES)
- PUBLIC HEALTH REPORTING
- REPORTING ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

WE DISCLOSE ONLY THE MINIMUM NECESSARY INFORMATION UNLESS OTHERWISE REQUIRED BY LAW.

SPECIAL PROTECTIONS FOR CERTAIN INFORMATION:

CERTAIN INFORMATION RECEIVES ADDITIONAL PROTECTIONS UNDER FEDERAL AND WASHINGTON LAW, INCLUDING:

- SUBSTANCE USE DISORDER TREATMENT RECORDS
- MENTAL HEALTH RECORDS
- HIV/STD-RELATED INFORMATION
- REPRODUCTIVE HEALTH INFORMATION
- GENDER-AFFIRMING CARE

WE WILL COMPLY WITH ALL APPLICABLE LEGAL REQUIREMENTS BEFORE DISCLOSING SUCH INFORMATION.

SUBSTANCE USE DISORDER (SUD) INFORMATION:

(42 CFR PART 2)

IF WE RECEIVE RECORDS FROM A FEDERALLY ASSISTED SUBSTANCE USE DISORDER TREATMENT PROGRAM:

USE WITH CONSENT:

WITH YOUR WRITTEN CONSENT, WE MAY USE AND DISCLOSE SUD INFORMATION FOR:

- TREATMENT
- PAYMENT
- HEALTH CARE OPERATIONS

ADDITIONAL PROTECTIONS:

- WE WILL NOT REDISCLOSE SUD RECORDS EXCEPT AS PERMITTED BY LAW.
- WE WILL NOT USE SUD RECORDS IN LEGAL PROCEEDINGS WITHOUT:
 - YOUR SPECIFIC WRITTEN CONSENT, OR
 - A VALID COURT ORDER.

YOUR RIGHTS REGARDING SUD RECORDS:

YOU MAY:

- REVOKE CONSENT
- REQUEST RESTRICTIONS
- REQUEST AN ACCOUNTING OF DISCLOSURES

PEDIATRIC PATIENT PRIVACY (WASHINGTON LAW):

WE PROVIDE CARE TO MINORS AND FOLLOW WASHINGTON CONFIDENTIALITY LAWS.

PARENT/GUARDIAN ACCESS

PARENTS AND LEGAL GUARDIANS GENERALLY HAVE ACCESS TO A MINOR'S HEALTH INFORMATION.

MINOR CONSENT AND CONFIDENTIALITY:

IN CERTAIN SITUATIONS, MINORS MAY LEGALLY CONSENT TO THEIR OWN CARE. WHEN THIS OCCURS:

- THE MINOR CONTROLS ACCESS TO THAT INFORMATION.
- WE MAY NOT DISCLOSE IT TO PARENTS WITHOUT THE MINOR'S PERMISSION.

THIS MAY APPLY TO SENSITIVE SERVICES SUCH AS:

- MENTAL HEALTH TREATMENT
- SUBSTANCE USE TREATMENT
- REPRODUCTIVE HEALTH CARE

INSURANCE COMMUNICATIONS:

MINORS WHO CONSENT TO THEIR OWN CARE MAY REQUEST CONFIDENTIAL COMMUNICATIONS. INSURANCE EXPLANATIONS OF BENEFITS (EOBs) MAY BE RESTRICTED IN CERTAIN CASES.

WASHINGTON MY HEALTH MY DATA ACT (MHMDA):

IN ADDITION TO HIPAA, WE COMPLY WITH THE WASHINGTON MY HEALTH MY DATA ACT, WHICH PROTECTS "CONSUMER HEALTH DATA," INCLUDING SOME INFORMATION NOT COVERED BY HIPAA.

CONSUMER HEALTH DATA MAY INCLUDE:

- DENTAL AND ORAL HEALTH CONDITIONS
- TREATMENT AND PRESCRIPTION HISTORY
- REPRODUCTIVE OR SEXUAL HEALTH INFORMATION
- GENDER-AFFIRMING CARE INFORMATION
- BIOMETRIC OR GENETIC DATA
- LOCATION DATA INDICATING VISITS TO HEALTHCARE PROVIDERS

HOW WE COLLECT AND USE THIS DATA:

WE MAY COLLECT DATA THROUGH:

- PATIENT INTAKE FORMS
- APPOINTMENT SCHEDULING SYSTEMS
- PATIENT PORTALS
- WEBSITE FORMS

WE USE THIS INFORMATION ONLY AS REASONABLY NECESSARY TO:

- PROVIDE CARE
- COORDINATE TREATMENT
- PROCESS PAYMENTS
- IMPROVE SERVICES

WE DO NOT SELL CONSUMER HEALTH DATA.

YOUR RIGHTS UNDER WASHINGTON LAW:

- CONFIRM WHETHER WE COLLECT OR SHARE YOUR CONSUMER HEALTH DATA
- ACCESS YOUR DATA
- REQUEST DELETION
- WITHDRAW CONSENT
- REQUEST A LIST OF THIRD PARTIES WITH WHOM DATA HAS BEEN SHARED

USES AND DISCLOSURES REQUIRING AUTHORIZATION:

WE WILL OBTAIN YOUR WRITTEN AUTHORIZATION BEFORE:

- MARKETING COMMUNICATIONS
- SALE OF HEALTH INFORMATION
- DISCLOSURE OF PSYCHOTHERAPY NOTES (IF APPLICABLE)
- USES NOT OTHERWISE DESCRIBED IN THIS NOTICE

YOU MAY REVOKE AUTHORIZATION IN WRITING AT ANY TIME.

YOU HAVE THE RIGHT TO:

- ACCESS AND OBTAIN COPIES OF YOUR RECORDS
- REQUEST CORRECTIONS (AMENDMENTS)
- REQUEST RESTRICTIONS
- REQUEST CONFIDENTIAL COMMUNICATIONS
- RECEIVE AN ACCOUNTING OF DISCLOSURES
- RECEIVE A PAPER COPY OF THIS NOTICE

**ANY RECORDS REQUEST OR QUESTIONS CAN BE DIRECTED TO
PATIENTRECORDS@LIGHTDENTALSTUDIOS.COM**

BREACH NOTIFICATION:

WE WILL NOTIFY YOU IF YOUR UNSECURED HEALTH INFORMATION IS BREACHED, AS REQUIRED BY LAW.

EFFECTIVE DATE: 02/26/2026