NOTICE OF PRIVACY PRACTICES

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.

This Notice applies to all Elevated Dental locations and members of our workforce. References to "we," "our practice," or "Elevated Dental" include all Elevated Dental offices, providers, employees, contractors, and business associates who are involved in providing treatment, payment, and healthcare operations on behalf of the practice. Patients may receive care at one or more Elevated Dental locations, and protected health information may be shared among our locations as permitted by law for treatment, payment, and healthcare operations.

Privacy Officer Contact Information

Privacy Officer: Madelyn Moses

Elevated Dental

970-476-3991

Maddy@elevateddentalvail.com

Locations Covered by this Notice:
Elevated Dental - Vail
Address: 2109 N Frontage Road W, Ste B, Vail, CO, 81657
Phone / Email: 970-476-3991 | info@elevateddentalvail.com

Elevated Dental - Gypsum
Address: 150 Cooley Mesa Rd. Gypsum, CO 81637
Phone / Email: 970-431-6616 | gypsum@elevateddentalvail.com

Effective date of this Notice: 06/19/2026

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health
information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS
The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth; prescribing medications and faxing them to be filled; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or dental care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records. We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS
For patients receiving treatment for substance use disorders, federal law (42 CFR Part 2) provides additional privacy protections beyond standard health information. Heightened Confidentiality: We will not disclose records identifying you as having a substance use disorder in civil, criminal, administrative, or legislative proceedings without your specific written consent or a specialized court order. Single Consent for TPO: You may choose to provide a single, written "Global Consent" that allows us to use and disclose your SUD records for all future treatment, payment, and health care operations. Right to Revoke: You have the right to revoke this consent at any time in writing, except to the extent that we have already taken action based on your prior permission. Accounting of Disclosures: You have the right to request a list of certain disclosures of your SUD records made for treatment, payment, and health care operations for the three years prior to your request. Prohibition on Redisclosure: Anyone receiving your SUD records is generally prohibited from sharing that information further unless you provide express written consent or the law specifically permits it.

REPRODUCTIVE HEALTH CARE PRIVACY
We will not use or disclose your PHI to investigate or impose liability on any person for the act of seeking, obtaining, providing, or facilitating reproductive health care that is lawful under the circumstances in which it is provided.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION
In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are: when a state or federal law mandates that certain health information be reported for a specific purpose; for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices; disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence; uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws; disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies; disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else; disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations; uses or disclosures for health related research; uses and disclosures to prevent a serious threat to health or safety; uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service; disclosures of deidentified information; disclosures relating to worker's compensation programs; disclosures of a "limited data set" for research, public health, or health care operations; incidental disclosures that are an unavoidable byproduct of permitted uses or disclosures; disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information; Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your dental care.

NOTIFICATION OF DATA BREACHES
We are required by law to maintain the privacy and security of your protected health information. In the event of a breach—which is the unauthorized acquisition, access, use, or disclosure of your unsecured health information—we will notify you promptly. This notice will be provided in writing via first-class mail (or via email if you have previously agreed to electronic communications) and will include a description of what happened, the types of information involved, and the steps we are taking to investigate the breach, mitigate losses, and protect against further occurrences.

APPOINTMENT REMINDERS
We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

TELEHEALTH / VIRTUAL VISITS AND ELECTRONIC COMMUNICATIONS
From time to time, we may offer telehealth (virtual) visits or communicate with you electronically (for example, through a patient portal, secure video, email, or text) to provide care, answer questions, coordinate treatment, send reminders, or discuss billing matters. When we provide telehealth services, we may use technology vendors to help us deliver these services. These vendors may receive limited protected health information as needed to provide the service and are required to protect your information and may be required to sign a business associate agreement with us, as applicable. You may request that we communicate with you in a confidential way (for example, using a specific phone number, mailing address, email address, or through the patient portal). See the “Confidential Communications” right described in the Notice. Please tell us if you want to opt out of electronic communications or prefer a different method. Electronic communications can carry some risk of interception or misdelivery. We use reasonable safeguards to protect your information, and we encourage you to use secure methods (such as the patient portal) when available. If you choose to communicate with us by unencrypted email or text, you are acknowledging and accepting those risks. If you have questions about telehealth or electronic communications, contact the office contact person listed at the beginning of the Notice.

PATIENT COMMUNICATION PREFERENCES
We may contact you regarding appointments, treatment recommendations, prescription information, referrals, insurance matters, billing questions, preventive care reminders, and other healthcare-related services. These communications may occur by telephone, voicemail, text message, email, patient portal, mail, or other communication methods you authorize. By providing contact information to our office, you authorize us to communicate with you using those methods unless you notify us otherwise. Standard messaging and data rates may apply to text messaging communications. Patients may request alternative communication methods or opt out of certain communications by contacting our office.

PRACTICE NEWS AND COMMUNITY COMMUNICATIONS

From time to time, Elevated Dental may communicate with patients regarding practice news, office updates, new providers, additional locations, community involvement, educational information, patient surveys, wellness information, special events, and other information related to our services and our role within the communities we serve.

These communications may be delivered through email, text message, social media, direct mail, or other communication channels. Patients may opt out of receiving non-treatment-related communications at any time by following the instructions provided in the communication or by contacting our office directly.

We will not sell your protected health information or use your protected health information for purposes requiring authorization under HIPAA without obtaining the appropriate authorization from you.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Most uses and disclosures of your health information for marketing purposes, and disclosures that constitute a sale of your health information, require your written authorization. Other uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke such an authorization at any time in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can: ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or E Mail shown at the beginning of this Notice. Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E mail to your personal E Mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice. ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored offsite). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice. Ask us to amend your health information if you think that it is incorrect or incomplete. We will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address, fax or E mail shown at the beginning of this Notice. To get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice. To get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice. Restrict Disclosures for Out-of-Pocket Payments: If you pay for a dental service or health care item out-of-pocket in full, you have the right to ask us not to share that information with your dental insurance or health plan for the purposes of payment or our operations. We are legally required to agree to this request unless a law requires us to share that information.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or E mail shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.