Notice of Privacy Practices

Louise Sarabia, DDS, PC, doing business as Park Street Dental

Effective Date: July 27, 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.

This Notice applies to Louise Sarabia, DDS, PC, doing business as Park Street Dental ("the Practice," "we," "us," or "our"), and to all members of our workforce. We are required by law to maintain the privacy of your protected health information, to give you this Notice of our legal duties and privacy practices, to notify you following a breach of your unsecured protected health information, and to follow the terms of the Notice currently in effect.

"Protected health information" (PHI) means information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health, the provision of health care to you, or payment for that care.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

Treatment

We may use and disclose your health information to provide, coordinate, or manage your dental care. For example, we may share your records with a specialist to whom we refer you, or with your physician when a medical condition affects your dental treatment.

Payment

We may use and disclose your health information to obtain payment for services we provide. For example, we may send claim information to your dental insurance plan, or verify your eligibility and benefits before treatment.

Health Care Operations

We may use and disclose your health information for our business operations. For example, we may review records to evaluate the quality of care our team provides, or use information for training, licensing, auditing, or accreditation.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits

We may contact you to remind you of an appointment, to tell you about treatment alternatives, or to describe health-related benefits and services that may be of interest to you. You may ask us to communicate with you in a particular way or at a particular location, as described under Your Rights below.

Individuals Involved in Your Care or Payment

We may disclose your health information to a family member, friend, or other person you identify, to the extent that person is involved in your care or in payment for your care. If you are not present or are unable to agree or object, we may use professional judgment to determine whether the disclosure is in your best interest.

Other Permitted or Required Disclosures

We may use or disclose your health information without your authorization in the following circumstances, subject to the conditions and limits set by law:

- When required by federal, state, or local law.
- For public health activities, including reporting disease, injury, vital events, and adverse events related to products or devices.
- To report suspected abuse, neglect, or domestic violence to authorities authorized by law to receive such reports.
- To health oversight agencies for audits, investigations, inspections, and licensure activities.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- To law enforcement officials for purposes permitted by law, such as identifying or locating a suspect, or reporting a crime on our premises.
- To coroners, medical examiners, and funeral directors as necessary to carry out their duties, and to organizations that handle organ, eye, or tissue donation.

- For research, where an institutional review board or privacy board has approved a waiver of authorization, or where the information has been de-identified.
- To prevent or lessen a serious and imminent threat to the health or safety of you or the public.
- For specialized government functions, including military and veterans activities, national security and intelligence, and protective services.
- As authorized by and to the extent necessary to comply with workers' compensation laws.
- To our business associates, who perform services on our behalf and are required by written contract to safeguard your information.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

The following uses and disclosures will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes, where we maintain such notes.
- Uses and disclosures for marketing purposes.
- Disclosures that constitute a sale of your protected health information.
- Any other use or disclosure not described in this Notice.

You may revoke an authorization at any time by giving us written notice. Revocation takes effect when we receive it and does not apply to uses or disclosures we already made in reliance on your authorization.

Fundraising

We may contact you for fundraising purposes, and you have the right to opt out of receiving such communications. If you receive a fundraising communication from us, it will tell you how to opt out. Choosing to opt out will not affect your treatment or payment for services.

SUBSTANCE USE DISORDER TREATMENT RECORDS

Certain substance use disorder treatment records we may create, receive, or maintain are protected by federal law under 42 CFR Part 2, which is more restrictive than HIPAA. Where Part 2 applies:

- Those records generally may not be disclosed without your written consent, except in limited circumstances permitted by Part 2.
- Those records, and any information drawn from them, may not be used against you in a criminal investigation or prosecution, or in most civil, criminal, administrative, or legislative proceedings, without your written consent or a court order meeting the requirements of Part 2.
- Any person who receives those records from us is prohibited from re-disclosing them except as permitted by Part 2.
- You may revoke a consent to disclose Part 2 records at any time, in writing, except to the extent we have already acted in reliance on it.

Violations of Part 2 may be reported to the U.S. Department of Health and Human Services.

CONNECTICUT LAW

Some Connecticut laws provide greater protection to certain categories of health information than federal law does. Where state law is more protective, we will follow state law. Connecticut law also requires that we provide copies of your records within 30 days of a proper request, and that we retain your dental records for at least seven years from the date of your last treatment, or three years after your death.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Obtain a Copy

You have the right to inspect and obtain a copy of your dental record, including an electronic copy where we maintain the record electronically. You may also direct us to send a copy to a person you designate. We will respond within 30 days as required by Connecticut law, and may charge a reasonable, cost-based fee permitted by law.

Right to Request an Amendment

If you believe information in your record is inaccurate or incomplete, you may ask us in writing to amend it. We may deny your request in certain circumstances, and if we do, we will explain why in writing and tell you how to submit a statement of disagreement.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we made of your health information. This does not include disclosures for treatment, payment, or health care operations, disclosures you authorized, or certain other disclosures excluded by law.

Right to Request Restrictions

You have the right to ask us to restrict how we use or disclose your health information. We are not required to agree to most requested restrictions. However, we must agree to your request to withhold information from your health plan about a service you paid for in full, out of pocket, unless the disclosure is otherwise required by law.

Right to Request Confidential Communications

You have the right to ask that we communicate with you about your health information in a particular way or at a particular location — for example, by mail to a specific address, or only at a certain phone number. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Right to Be Notified of a Breach

You have the right to be notified if we discover a breach of your unsecured protected health information.

How to Exercise Your Rights

To exercise any of these rights, submit a written request to our Privacy Officer at: Louise Sarabia, DDS, 72 Park Street, Suite 106, New Canaan, CT 06840, 203-966-5313, hello@parkstdental.com.

OUR DUTIES

- We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices.
- We are required to abide by the terms of the Notice currently in effect.
- We are required to notify you if a breach of your unsecured protected health information occurs.
- We reserve the right to change this Notice and to make the revised Notice effective for health information we already hold as well as information we create or receive in the future. If we make a material change, we will post the revised Notice in our office and on our website, and provide a copy on request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer at 203-966-5313 or hello@parkstdental.com. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201, or at www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you in any way for filing a complaint.

CONTACT

Privacy Officer: Louise Sarabia, DDS

Address: 72 Park Street, Suite 106, New Canaan, CT 06840

Phone: 203-966-5313 Email: hello@parkstdental.com Website: www.parkstdental.com