iCare Oral Surgery and Dental Implant Center

2900 Union Lake Road, Suite 105, Commerce Township, MI 48382 | (248) 363-5900

Notice of Privacy Practices

Effective January 1, 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.

Questions? Contact our **Privacy Officer** at (248) 363-5900 or 2900 Union Lake Road, Suite 105, Commerce Township, MI 48382.

Our Responsibilities

iCare Oral Surgery ("iCare," "we," "us") is required by law to protect the privacy of your health information, called protected health information or "PHI." We are required to:

- Keep your PHI private and secure as required by federal and Michigan law.
- Give you this Notice of our legal duties and privacy practices, and follow the terms of the Notice currently in effect.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by letting us know in writing.

How We Use and Share Your Health Information

Treatment

We use and share your information with others who are treating you. For example, we may share your x-rays, scans, and treatment notes with your referring dentist, your physician, a dental laboratory fabricating your implant restoration, or a hospital or imaging center.

Payment

We use and share your information to bill and get payment from you, your dental insurance, your medical insurance, or other payers. For example, we may send procedure and diagnosis codes, x-rays, and records to your insurance company to obtain pre-authorization or payment, or share information with a patient financing company you choose to use.

Health Care Operations

We use and share your information to run our practice, improve your care, and contact you when needed. Examples include quality reviews, staff training, licensing and accreditation, legal and accounting services, and business planning.

Appointment Reminders and Communications

We may contact you by phone, voicemail, text message, mail, or email for appointment reminders, pre- and post-operative instructions, billing, and treatment follow-up, using the contact preferences you give us.

Business Associates

We work with outside companies that perform services for us, such as our practice management software, billing, answering service, and IT vendors. They must sign agreements to protect your information.

Family, Friends, and Others Involved in Your Care

Unless you object, we may share information with a family member, friend, or other person you identify who is involved in your care or helps pay for it, such as the person driving you home after sedation. If you are unable to tell us your preference, for example if you are unconscious or in an emergency, we may share information if we believe it is in your best interest.

Other Ways We May Use or Share Your Information

We are allowed or required to share your information in other ways, usually for purposes that benefit public health or safety. We must meet conditions in the law before we can share it for these purposes:

- **As required by law**, including when the U.S. Department of Health and Human Services asks to confirm we are complying with federal privacy law.
- **Public health and safety**, such as reporting disease, adverse reactions to medications or devices, product recalls, and suspected abuse, neglect, or domestic violence.
- **Serious threats**, to prevent or reduce a serious and imminent threat to anyone's health or safety.
- **Health oversight**, for audits, investigations, inspections, and licensing by agencies authorized by law.
- **Lawsuits and legal actions**, in response to a court or administrative order, or a subpoena that meets legal requirements.
- **Law enforcement**, for purposes permitted by law, such as complying with a warrant or court order.
- **Medical examiners, coroners, and funeral directors**, as needed to carry out their duties.
- **Organ and tissue donation**, to organizations that handle procurement or transplantation.
- **Research**, under conditions that protect your privacy as required by law.
- **Workers' compensation**, for claims under workers' compensation or similar programs.
- **Special government functions**, such as military, national security, and presidential protective services.

Uses That Require Your Written Authorization

We will not do the following without your written authorization:

- Use your information for **marketing**, including using your photos, testimonial, or before-and-after images in advertising or on our website or social media.
- **Sell** your information.
- Share **psychotherapy notes**, if we ever receive them.
- Any other use or disclosure not described in this Notice.

You may revoke an authorization at any time in writing, except to the extent we have already acted on it.

Fundraising: iCare does not use patient information for fundraising. If that ever changes, you will have the right to opt out of any fundraising communications.

Special Protections for Certain Information

Substance Use Disorder Treatment Records (42 CFR Part 2)

Some records we receive may come from a federally assisted substance use disorder treatment program and are protected by federal confidentiality rules at 42 CFR Part 2. If we receive these records based on your consent for treatment, payment, or health care operations, we may use and share them as described in this Notice. However:

- These records, or testimony about their content, **will not be used or shared in any civil, criminal, administrative, or legislative investigation or proceeding against you** unless you give specific written consent or a court issues an order after you have been given notice and an opportunity to be heard, as required by 42 CFR Part 2.
- If we ever intended to use these records for fundraising, you would first be given a clear opportunity to opt out.

Information Protected by Michigan Law

Michigan law gives some types of information greater protection than federal law. When Michigan law is stricter, we follow Michigan law. This includes:

- **Mental health records**, protected by the Michigan Mental Health Code (MCL 330.1748).
- **HIV/AIDS and certain communicable disease information**, protected under MCL 333.5131. We will not share this information except as Michigan law allows.
- **Substance use treatment information** and **genetic test information**, which may require your specific written consent before we share it.

Redisclosure

Once we share your information as permitted by this Notice, the person or organization that receives it may share it again, and it may no longer be protected by federal privacy law. Records protected by 42 CFR Part 2 remain subject to the stronger protections described above.

Your Rights

You have the following rights regarding your health information. To use any of them, contact our Privacy Officer.

Get a copy of your records

You may ask to see or get a paper or electronic copy of your dental and medical records and billing records. Under the Michigan Medical Records Access Act, your request must be **in writing, signed, and dated** by you or your authorized representative. We will provide your records within **30 days** of receiving your request. If we need more time, we may take one additional 30-day extension and will tell you in writing why and when to expect them. We may charge a reasonable fee as permitted by federal and Michigan law; we will tell you the fee in advance.

Ask us to correct your records

You may ask us in writing to correct information you believe is incorrect or incomplete. We may say "no," but we will tell you why in writing within 60 days.

Request confidential communications

You may ask us to contact you in a specific way (for example, only on your cell phone) or at a different address. We will agree to all reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree, and we may say "no" if it would affect your care. **If you pay for a service or item out of pocket in full**, you may ask us not to share that information with your health insurer for payment or operations, and we will agree unless the law requires us to share it.

Get a list of those with whom we've shared information

You may ask for a list (accounting) of the times we've shared your information for six years prior to your request, who we shared it with, and why. This does not include disclosures for treatment, payment, operations, or ones you asked us to make. We provide one list per year free and may charge a reasonable, cost-based fee for additional lists within 12 months.

Get a copy of this Notice

You may ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you

If you have given someone medical power of attorney or someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will confirm the person has this authority before we act.

File a complaint

If you feel your rights have been violated, you may file a complaint with our Privacy Officer at the contact information above, or with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201, 1-877-696-6775, or online at www.hhs.gov/ocr/privacy/hipaa/complaints/. **We will not retaliate against you for filing a complaint.**

Record Retention

As required by Michigan law (MCL 333.16213), we keep your records for at least seven years from the date of your last service. When records are destroyed, they are shredded, incinerated, or electronically deleted in a way that protects your confidentiality.

Changes to This Notice

We may change the terms of this Notice, and the changes will apply to all information we have about you. The current Notice is available in our office, on our website, and by request.

Contact Us

Privacy Officer	iCare Oral Surgery
Address	2900 Union Lake Road, Suite 105, Commerce Township, MI 48382
Phone	(248) 363-5900
Effective Date	January 1, 2026