

# NOTICE OF PRIVACY PRACTICES

**Christopher B. Bentley, DDS**  
**Effective Date: February 16, 2026**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

This Notice of Privacy Practices supersedes all prior Notices of Privacy Practices and reflects current legal requirements and privacy practices.

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## CONTACT INFORMATION

If you have questions about this Notice, our privacy practices, wish to obtain additional copies, or want to exercise your privacy rights, please contact our Privacy Officer:

**Privacy Officer / Office Manager:** Tina Bender

**Telephone:** (303) 400-3483

**Fax:** (303) 400-6278

**Email:** [info@grandviewdentalcolorado.com](mailto:info@grandviewdentalcolorado.com)

**Address:** 6830 S Liverpool St, Unit A, Aurora, Colorado 80016

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## OUR LEGAL DUTIES

We are required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this Notice of our legal duties and privacy practices, and to follow the terms of this Notice currently in effect. This Notice takes effect on the date listed above and remains in effect until it is replaced. We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by law. Any changes will apply to all PHI we maintain, including information created or received before the changes were made.

If we make a material change to this Notice, we will provide you with a revised Notice. The revised Notice will be available at our office and on our website, and you may request a copy at any time.

We collect and maintain oral, written, and electronic health information to administer our business and provide dental care. We maintain appropriate physical, administrative, and technical safeguards to protect your PHI against loss, destruction, and unauthorized use or disclosure in accordance with federal and state law.

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## USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

### Treatment

We may use or disclose your PHI without your authorization to provide, coordinate, or manage your dental care. This may include sharing information with dentists, specialists, hygienists, or other healthcare providers involved in your treatment (for example, referring information to an oral surgeon).

### Payment

We may use or disclose your PHI to obtain payment for services provided to you. This may include submitting claims to dental or health insurance plans and providing necessary information to determine coverage or benefits.

### Health Care Operations

We may use or disclose your PHI for healthcare operations, which include:

- Quality assessment and improvement activities
- Evaluating provider performance, qualifications, and competence
- Accreditation, credentialing, licensing, and training activities
- Audits, compliance reviews, and legal services
- Fraud and abuse detection and prevention
- Business planning, administration, billing, customer service, and complaint resolution
- De-identifying information or creating limited data sets as permitted by law.

We may disclose PHI to another healthcare provider or health plan for their healthcare operations if they have or had a relationship with you and the information relates to that relationship.

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## **OTHER USES AND DISCLOSURES**

### **Your Authorization**

You or your legal representative may authorize us in writing to use or disclose your PHI for purposes not described in this Notice. You may revoke your authorization at any time in writing, except to the extent we have already relied on it.

We will obtain your written authorization before using or disclosing your PHI for marketing purposes, fundraising communications, or any sale of PHI, as required by law. You may opt out of such communications at any time without affecting your care.

We also comply with applicable Colorado privacy and confidentiality laws to the extent they provide greater protection than federal law.

### **Family, Friends, and Others Involved in Your Care**

We may disclose relevant PHI to a family member, friend, or other person involved in your care or payment for your care, unless you object. If you are not present, incapacitated, or in an emergency situation, we may use professional judgment to determine whether disclosure is in your best interest.

### **Appointment Reminders and Health-Related Communications**

We may use or disclose PHI to contact you about appointments, treatment alternatives, or other health-related benefits and services.

#### **Voicemail and Messages:**

Messages left will be limited to your name, our office name, and a call-back number. No detailed health information will be left unless you have requested our office to do so for a singular situation.

#### **Email Communication:**

By providing your email address, you acknowledge that email may not be a secure form of communication and agree that we may communicate with you via email, including appointment reminders and legally required breach notifications.

#### **Appointment Communications**

We may contact you via phone, text message, email, or patient portal regarding appointment scheduling, upcoming or available appointments, and related administrative matters, in accordance with your selected communication preferences.

Appointment reminders are provided as a courtesy. Patients are responsible for remembering scheduled appointments and arriving on time. At a patient's request, electronic appointment reminders may be discontinued.

Missed appointments or appointments canceled with less than two (2) business days' notice may be subject to a fee. For additional details, please refer to our Patient Communications and Appointment Policy.

You may request alternative or confidential communication methods at any time.

#### **Plan Sponsors**

If your dental coverage is provided through an employer-sponsored plan, we may disclose summary health information to the plan sponsor as permitted by law.

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## **PUBLIC HEALTH AND LEGAL DISCLOSURES**

We may use or disclose your PHI without your authorization when required or permitted by law, including:

- Public health activities (such as reporting disease, abuse, or neglect)
- Preventing or reducing a serious and imminent threat to health or safety
- Health oversight activities (audits, investigations, licensure)
- Research activities as permitted by law.
- Judicial and administrative proceedings

- Law enforcement purposes
- Coroners, medical examiners, funeral directors, and organ donation organizations
- Military, national security, and correctional institution activities
- Workers' compensation claims

If another law provides greater privacy protection than HIPAA, we will follow the more stringent law.

## **NOTICE OF REDISCLOSURE**

If your health information is disclosed pursuant to a judicial or administrative process, including a court order, subpoena, or other lawful request, the recipient of such information **may be prohibited by law from further redisclosing the information** without your authorization or as otherwise permitted by law.

For records protected under **42 CFR Part 2**, federal law strictly limits redisclosure and may impose penalties for unauthorized use or disclosure.

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## **BUSINESS ASSOCIATES**

We may disclose your PHI to business associates who perform services on our behalf (such as billing, IT support, or legal services). Business associates are required by contract to safeguard your PHI and comply with applicable privacy and security requirements.

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## **DATA BREACH NOTIFICATION**

We may use your contact information to notify you, as required by law, of any unauthorized access, acquisition, or disclosure of your PHI.

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## **ADDITIONAL PROTECTIONS FOR CERTAIN INFORMATION**

Certain federal and state laws provide additional protections for specific types of health information, **to the extent applicable**, including:

- HIV/AIDS-related information
- Mental health information
- Genetic information (GINA)
- Alcohol and substance abuse treatment information
- Sexually transmitted disease and reproductive health information
- Child or adult abuse or neglect information

Such information will be disclosed only as permitted by law.

## **CONFIDENTIALITY OF SUBSTANCE USE DISORDER (SUD) RECORDS (42 CFR PART 2)**

To the extent applicable, records relating to substance use disorder ("SUD") treatment that are protected under **42 CFR Part 2** are subject to additional confidentiality protections.

Such records may not be used or disclosed without your written authorization or as otherwise permitted or required by federal law. When permitted, disclosures of Part 2 records will be limited to the minimum necessary and will comply with all applicable federal confidentiality requirements.

You have additional rights regarding Part 2 records, including the right to revoke authorization and the right to receive an accounting of disclosures, as provided by law.

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## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the right to:

1. **Inspect and obtain a copy** of your health records, including an electronic copy if maintained electronically.
2. **Request an amendment** to your health information.
3. **Receive an accounting of disclosures** made in the past six (6) years, excluding certain permitted disclosures.
4. **Receive a copy of this Notice** at any time.
5. **Request restrictions** on uses or disclosures of your PHI. We must comply with requests to restrict disclosure to a health plan if you pay for a service in full out-of-pocket.

6. **Request confidential communications**, such as alternative addresses or phone numbers.
7. **Choose whether to authorize** certain uses or disclosures, including marketing and fundraising.
8. **Opt out of fundraising communications** at any time.
9. **File a complaint** if you believe your privacy rights have been violated.

## **REPRODUCTIVE HEALTH INFORMATION**

We do not use or disclose protected health information related to reproductive health care for purposes prohibited by federal law.

We will not use or disclose reproductive health information for the purpose of investigating or imposing liability on a person for seeking, obtaining, providing, or facilitating lawful reproductive health care.

When required by law to disclose information related to reproductive health care, we will comply only with valid legal requirements and will limit disclosures to the minimum necessary as required by federal law.

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## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with:

### **U.S. Department of Health and Human Services**

Office for Civil Rights  
200 Independence Avenue, SW  
Washington, DC 20201  
**Phone:** 1-800-368-1019

We will **not retaliate** against you for filing a complaint.

## **NOTICE OF PRIVACY PRACTICES**

### **Acknowledgment of Receipt**

I acknowledge that I have received a copy of the **Notice of Privacy Practices** for **Grandview Dental/Christopher B. Bentley, DDS and Associates**, effective **February 16, 2026**.

I understand that this Notice describes how my protected health information may be used and disclosed and how I can access this information.

**Patient Name (Print):** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If signed by a personal representative:

**Representative Name:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

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## **OFFICE USE ONLY**

**Patient refused to sign**

notice was provided and explained on: \_\_\_\_\_

Staff who provided notice: \_\_\_\_\_