



NOTICE OF PRIVACY PRACTICES

Tom Laster DDS LLC

Effective Date: February 1st, 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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

CONTACT INFORMATION

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our office manager at:

E-mail: info@tomlasterdds.com

Telephone: (541) 758-1505

2444 NW Professional Dr

Corvallis, OR, 97330

OUR LEGAL DUTY

We are required by law to protect the privacy of your protected health information ("medical information"). We are also required to send you this notice about our privacy practices, our legal duties and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on the date set forth at the top of this page and will remain in effect until it is replaced. We reserve the right to change our privacy practices and the terms of this notice applicable to all medical information we maintain, including medical information we created or received before we made the change, at any time, provided such changes are permitted by applicable law.

If we make material changes to our policy practices, we will provide a revised notice to you. Any revised notice will be effective for all medical information we maintain. The effective date of a revised notice will be noted. A copy of the current notice in effect will be available in our facility and on our website. You may request a copy of the current notice at any time. We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our patients. We maintain physical, electronic and procedural safeguards in the handling and maintenance of our patients' medical information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction and misuse.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Treatment:

We may disclose your medical information, without your prior approval, to another dentist or healthcare provider or shadowing student working in our facility or otherwise providing you or observing your treatment for the purpose of evaluating your health, diagnosing medical conditions, providing treatment, and instruction.

Payment:

Your medical information may be used to seek payment from your insurance plan or from you.

Health Care Operations:

We may use and disclose your medical information, without your prior approval, for health care operations that may include:

- healthcare quality assessment and improvement activities

- reviewing and evaluating dental care provider performance, qualifications and competence, health care training programs, provider accreditation, certification, licensing and credentialing activities
- conducting or arranging for medical reviews, audits and legal services, including fraud and abuse detection and prevention
- business planning, development, management and general administration including customer service, complaint resolutions and billing, de-identifying medical information, and creating limited data sets for health care operations, public health activities and research

We may disclose your medical information to another dental or medical provider or to your health plan subject to federal privacy protection laws, as long as the provider or plan has had a relationship with you and the medical information is for that provider's or health plan's care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization:

You (or your legal personal representative) may give us written authorization to use your medical information or to disclose it to anyone for any purpose. Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided will not disclose that information. You may revoke your written authorization at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice. We will obtain your authorization prior to using your medical information for marketing, fundraising purposes or for commercial use. Once authorized, you may opt out of these communications at any time.

Family, friends and others involved in your care or payment for care:

We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your care. We will disclose only the medical information that is relevant to the person's involvement.

We may use or disclose your name, location and general condition to notify or assist an appropriate public or private agency to locate and notify a person responsible for your care in appropriate situations, such as a medical emergency or disaster relief effort.

We will provide you with an opportunity to object to these disclosures unless you are not present, are incapacitated, it is an emergency or it is a disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information would be in your best interest under the circumstances.

Health-Related Products and Services:

We may use your medical information to communicate with you about health-related products, treatment alternatives, benefits, services, and payments.

Reminders:

We may use or disclose medical information to send you reminders about your dental care. By providing your email address to us, you agree that you may receive reminders and breach notifications via email as a possible alternative to mail. It is the policy of our office to leave a message on any voicemail or answering machine that may be attached to a number that you provide.

Plan Sponsors:

If your dental insurance coverage is through an employer's sponsored group dental plan, we may share summary health information with the plan sponsor.

Public Health and Benefit Activities:

We may use and disclose your medical information, without your permission, when required by law and when authorized by law for the following kinds of public health and public benefit activities:

- public health, including reporting disease and vital statistics, child abuse, adult abuse, neglect or domestic violence
- to avert a serious and imminent threat to health or safety

- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities and fraud prevention agencies
- for research
- in response to court and administrative orders and other lawful processes
- to law enforcement officials regarding victims of crime or criminal activities
- to coroners, medical examiners, funeral directors and organ procurement organizations
- to military or federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody
- as authorized by state worker's compensation laws

Special protections for SUD records:

Substance Use Disorder (SUD) Treatment records have enhanced protections. They cannot be used in legal proceedings without your consent or a court order.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Business Associates:

We may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Data Breach Notification Purposes:

We may use your contact information to provide legally required notices of unauthorized acquisition, access or disclosure of your health information.

Additional Restrictions on use and disclosure:

Federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information including highly confidential information about you. "Highly Confidential Information" may include confidential information under Federal laws governing reproductive rights, alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

- 1) HIV/AIDS
- 2) mental health
- 3) genetic tests (in accordance with GINA 2009)
- 4) alcohol and drug abuse
- 5) sexually transmitted diseases and reproductive health information
- 6) child or adult abuse or neglect, including sexual assault

YOUR RIGHTS

- 1) see and obtain a copy of your health records for a reasonable fee
- 2) amend your health information
- 3) ask to get an Accounting of Disclosures of when and why your health information was shared for certain purposes
- 4) receive a Notice of Privacy Practices that tells you how your health information may be used and shared
- 5) give your Authorization before your health information may be used or shared for certain purposes, such as marketing.
- 6) receive your information in a confidential manner and restrict certain communication methods
- 7) restrict who receives your information
- 8) request amendment be made to your health records by submitting a written request to our office manager. Your request does not guarantee the amendment will be made but does guarantee that it will be reviewed and considered.
- 9) file a complaint with your provider or health insurer and the U.S. Government if you believe your rights are being denied or your health information is not being protected
- 10) opt out of fundraising activities

COMPLAINTS

If you are concerned that we may have violated your privacy rights or disagree with a decision we made about access to your medical information, amending your medical information, restricting our use or disclosure of your medical information or about how we communicate with you about your medical information you may contact our office manager to register either a verbal or written complaint. You may also submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC, 20201. You may contact the Office for Civil Rights' hotline at 1-800-368-1019. We support your right to privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

- I understand that I have the legal right to refuse to sign this acknowledgement. My refusal will not alter how my information is shared as stated in this notice.
- I hereby acknowledge that I have received a copy of the office Notice of Privacy Practices. To obtain a paper copy, I may request it directly from the office or via the website.

Name: _____

Signature: _____

Date: _____