

NOTICE OF PRIVACY PRACTICES

Office of Dr. Susan Kohls, DDS PS and Dr. Danielle Halverson, DDS
2020 E 29th Ave. Ste 100, Spokane, WA 99203

Effective Date: February 16, 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 privacy officer.

Privacy Officer Contact:

Susan Kohls DDS Or Danielle Halverson DDS

Phone: 509-534-0428

Address: 2020 E 29th Ave . #100 Spokane, WA 99203

OUR LEGAL DUTIES

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 unless we replace it. We reserve the right at any time to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all medical information we maintain, including medical information we created or received before we made the change in practices.

We may amend the terms of this notice at any time. If we make a material change to our policy practices, we will provide to you, the revised notice. Any revised notice will be effective for all health 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.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment: We may disclose your medical information, without your prior approval, to another dentist or healthcare provider working in our facility or otherwise providing you treatment for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, your health information may be disclosed to an oral surgeon to determine whether surgical intervention is needed.

Payment: We provide dental services. Your medical information may be used to seek payment from your insurance plan or from you. For example, your insurance plan may request and receive information on dates that you received services at our facility in order to allow your employer to verify and process your insurance claim.

Health Care Operations: We may use and disclose your medical information, without your prior approval, for health care operations. Health care operations 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; and
- 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 take back or "revoke" your written authorization at any time, except if we have already acted based on your authorization. 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 health care. We will disclose on 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 to 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 during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is 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, benefits, services, payment for those products and services and treatment alternatives.

Reminders: We may use or disclose medical information to contact you by mail, telephone, voicemail, text message, or email for appointment reminders or other treatment-related communications. It is the policy of our office to leave a message on any voicemail or answering machine associated with a number you provide (home, cell, or work).

Breach notifications will be provided by mail or, if you have agreed, by electronic means.

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, LEGAL, AND OTHER REQUIRED DISCLOSURES

We may disclose PHI as required or permitted by law, including for public health activities, health oversight, research, judicial proceedings, law enforcement, emergency situations, workers' compensation, military activities, and national security.

SUBSTANCE USE DISORDER (SUD) RECORDS – SPECIAL FEDERAL PROTECTIONS

Records relating to Substance Use Disorder treatment are protected by federal law (42 CFR Part 2). These records may not be used or disclosed without your written consent unless otherwise permitted or required by law.

Your rights regarding SUD records include:

- The right to revoke consent at any time
- The right to an accounting of disclosures
- Protection from discrimination for exercising your rights

SUD records may not be used to initiate or substantiate criminal charges or investigations against you without a court order.

REPRODUCTIVE HEALTH CARE INFORMATION

We will not use or disclose reproductive health care information for the purpose of investigating, enforcing, or imposing liability for reproductive health care that is lawful under applicable law. We will not disclose such information to law enforcement or other parties for these purposes.

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

We may notify you of a breach by mail or, if you have agreed, by electronic means.

Additional Restrictions on use and disclosure: Certain 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; and
- 6) Child or adult abuse or neglect, including sexual assault.

YOUR RIGHTS

- 1) You have a right to see and get a copy of your health records.
- 2) You have a right to amend your health information.

- 3) You have a right to ask to get an Accounting of Disclosures of when and why your health information was shared for certain purposes.
 - 4) You are entitled to receive a Notice of Privacy Practices that tells you how your health information may be used and shared.
 - 5) You may decide if you want to give your Authorization before your health information may be used or shared for certain purposes, such as marketing. It is the policy of our office NOT to sell or disclose your information to any outside firms or business partners. Your information may be used, only within our office, for the purposes of presenting to you certain products or services which our dentist(s) or staff feel may present a benefit for you, your oral health or happiness with your smile.
 - 6) You have the right to receive your information in a confidential manner and restrict certain communication methods.
 - 7) You have a right to restrict who receives your information.
 - 8) You have a right to request amendment to be made to your health records by submitting the request in writing to our privacy officer. Your request does not guarantee the amendment, but does guarantee that it will be reviewed and considered.
 - 9) If you believe your rights are being denied or your health information is not being protected, you can:
 - a. File a complaint with your provider or health insurer
 - b. File a complaint with the U.S. Government
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COMPLAINTS

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
1-800-368-1019

You may also file a complaint with Washington State authorities:
Washington State Department of Health
Washington State Attorney General's Office

We will not retaliate against you for filing a complaint.

WASHINGTON MY HEALTH MY DATA PRIVACY NOTICE

This notice applies solely to Washington State residents and supplements our HIPAA Notice of Privacy Practices. In the event of a conflict, Washington law controls.

Effective Date: February 16, 2026

This notice describes how Dr Susan Kohls DDS PS and Dr Danielle Halverson collects, uses, and shares Consumer Health Data as required by the Washington My Health My Data Act.

CONSUMER HEALTH DATA WE COLLECT

We may collect the following categories of Consumer Health Data:

- Dental and oral health information
- Medical and health history
- Appointment and treatment information
- Insurance and billing information

PURPOSES FOR COLLECTION AND USE

We collect and use Consumer Health Data to:

- Provide dental care and treatment
- Schedule appointments
- Process billing and insurance claims
- Maintain medical records
- Comply with legal obligations

CATEGORIES OF THIRD PARTIES WITH WHOM CONSUMER HEALTH DATA MAY BE SHARED INCLUDE:

- Healthcare providers involved in your care
- Insurance carriers
- Business associates and service providers
- Government agencies when required by law

We do not sell Consumer Health Data.

YOUR RIGHTS UNDER WASHINGTON LAW

You have the right to:

- Confirm whether we collect or share your Consumer Health Data
- Access your Consumer Health Data
- Withdraw consent for collection or sharing (where applicable)
- Request deletion of Consumer Health Data, subject to legal exceptions

Requests may be submitted in writing to our Privacy Officer.

HOW TO FILE A COMPLAINT

If you believe your rights under Washington law have been violated, you may contact:
Washington State Attorney General's Office

www.atg.wa.gov

CHANGES TO THIS NOTICE

We may update this notice from time to time. The effective date will be revised accordingly.