

KOCHEVAR ENDODONTICS

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NOTICE OF PRIVACY PRACTICES

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.

Kochevar Endodontics is required by law to maintain the privacy of your protected health information (PHI), provide you this notice of our legal duties and privacy practices, and follow the terms currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

We may use your information to provide, coordinate, or manage your dental care and communicate with other healthcare providers involved in your treatment.

Payment

We may use and disclose your information to bill and receive payment from insurance companies or other third parties.

Healthcare Operations

We may use your information for quality assessment, staff training, licensing, compliance, and business management.

OTHER PERMITTED DISCLOSURES

We may disclose your information without authorization when required or permitted by law:

- Public health reporting
- Health oversight agencies

- Legal proceedings
 - Law enforcement
 - Coroners or funeral directors
 - Organ donation
 - Approved research
 - Serious threat prevention
 - Compliance with federal or state law
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SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

Certain records related to substance use disorder diagnosis, treatment, or referral are protected under additional federal confidentiality laws. These records generally may not be disclosed without your written consent unless specifically allowed by law.

Unauthorized disclosure may be subject to penalties. We maintain safeguards to protect this information.

YOUR RIGHTS

You have the right to:

Right	Description
Access	Inspect or obtain a copy of your records
Amend	Request corrections to your records
Accounting	Request list of certain disclosures
Restrictions	Request limits on use or sharing
Confidential Communication	Request contact method/location
Paper Copy	Receive a printed notice anytime

OUR RESPONSIBILITIES

We must: - Protect the privacy of your information - Provide this notice - Notify you of breaches - Follow the notice terms

We reserve the right to revise this notice. Updated versions will be posted in our office and online.

COMPLAINTS OR QUESTIONS

You may file a complaint without fear of retaliation.

Privacy Officer: Michelle Beaves, Office Manager

Phone: 801-282-1651

Email: kochevarendodontics@gmail.com

You may also file a complaint with the U.S. Department of Health and Human Services.

OTHER USES

Any other uses or disclosures require written authorization. You may revoke authorization in writing at any time.

PATIENT ACKNOWLEDGMENT OF RECEIPT

I acknowledge I received the Notice of Privacy Practices from Kochevar Endodontics.

Patient Name: _____

Signature: _____

Date: _____

Representative (if applicable): _____

Relationship: _____

