

# NOTICE OF PRIVACY PRACTICES

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**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.**

## OUR LEGAL DUTY

We are required by law to maintain the privacy and security of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices, follow the terms of this Notice, and notify you if a breach occurs that may have compromised your information.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

**Treatment:** We may use and share your information to provide, coordinate, or manage your dental care and related services.

**Payment:** We may use and disclose your information to bill and receive payment from health plans or other entities.

**Health Care Operations:** We may use and disclose your information for practice operations, including quality assessment, staff training, licensing, accreditation, and business management.

**As Required by Law:** We will disclose your information when required by federal, state, or local law.

**Public Health and Safety:** We may disclose information for public health activities, reporting abuse or neglect, preventing serious threats, or complying with court or administrative orders.

## **SUBSTANCE USE DISORDER (SUD) RECORDS – 42 CFR PART 2 PROTECTIONS**

If we create or receive records related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment that are protected under 42 CFR Part 2, those records are afforded special protections under federal law.

Such records may not be used or disclosed in legal proceedings without your specific written consent or a court order, as required by 42 CFR Part 2.

Federal law prohibits the unauthorized use or disclosure of these records. A general authorization for release of medical information is not sufficient to disclose SUD records protected by 42 CFR Part 2.

## **REDISCLASURE NOTICE**

Information disclosed pursuant to this Notice may be subject to redisclosure by the recipient and may no longer be protected by HIPAA or other federal privacy regulations. However, information protected under 42 CFR Part 2 may not be redisclosed without your written consent or a court order.

## **FUNDRAISING**

We do not use or disclose your protected health information for fundraising purposes.

## **YOUR RIGHTS UNDER HIPAA**

You have the right to access your records, request amendments, receive an accounting of disclosures, request restrictions, request confidential communications, and file a complaint without retaliation.

## **WASHINGTON MY HEALTH MY DATA ACT (MHMDA) DISCLOSURES**

### **Categories of Consumer Health Data We Collect**

- Personal identifying information (name, address, phone number, email)
- Dental and medical history
- Treatment records and diagnostic information
- Insurance and billing information
- Appointment and scheduling information
- Payment information
- Online portal usage data
- Device and website interaction data (if applicable)

## Sources of Consumer Health Data

- You directly (forms, communications, portal use)
- Health care providers and specialists
- Insurance companies and payers
- Public health authorities
- Practice management and electronic health record systems

## Third Parties With Whom We Share Data

- Insurance companies and payers
- Dental specialists and referral providers
- Laboratories and imaging providers
- Billing services and clearinghouses
- Electronic health record vendors
- IT service providers
- Legal and regulatory authorities as required by law

**We do not sell consumer health data.**

## YOUR RIGHTS UNDER MHMDA

**Right to Access:** You may confirm whether we are collecting, sharing, or selling your consumer health data and request access to that data.

**Right to Delete:** You may request deletion of your consumer health data, subject to legal and regulatory retention requirements.

**Right to Withdraw Consent:** You may withdraw your consent for the collection or sharing of your consumer health data at any time.

**Right to Appeal:** If we deny your request, you may submit a written appeal to our Privacy Officer. If denied, you may contact the Washington State Attorney General.

## **HOW TO EXERCISE YOUR RIGHTS**

To exercise your rights, please contact:

Privacy Officer: Scott Babin, DDS

Babin & Associates, DDS

Address: 7631 212th St SW. STE 109C

Edmonds, WA. 98026

Phone: (425) 775-1766

drbabin@scottbabindds.com

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice at any time. Revised Notices will be posted in our office and on our website.

## **ACKNOWLEDGMENT OF RECEIPT**

I acknowledge that I have received a copy of this Notice of Privacy Practices.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_