

BEACON FAMILY DENTAL

NOTICE OF PRIVACY PRACTICES

Effective Date: Sep 1st, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Beacon Family Dental is committed to protecting the privacy and security of your protected health information ("PHI"). This Notice explains how we may use and disclose your health information, your privacy rights, and our responsibilities regarding your information.

OUR RESPONSIBILITIES

Beacon Family Dental is required to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of Privacy Practices describing our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- Update this Notice when required or permitted by law.

We reserve the right to change our privacy practices and the terms of this Notice as permitted by applicable law. Any revised Notice will apply to the health information we already maintain as well as information we receive in the future. You may request a current copy of this Notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

We may use and disclose your health information to provide, coordinate, and manage your dental and healthcare treatment.

- Provide dental diagnosis and treatments.
- Coordinate your care with dentists, dental specialists, physicians, pharmacies, dental laboratories, and other healthcare providers.
- Share radiographs, CBCT scans, intraoral scans, clinical photographs, treatment records, or other information when reasonably necessary for your treatment or continuity of care.

Payment

We may use and disclose your health information for payment-related activities, including:

- Billing dental or medical insurance plans.
- Submitting and processing insurance claims.
- Determining insurance eligibility and benefits.
- Obtaining authorization when required.
- Collecting payment for services provided to you.

Healthcare Operations

We may use and disclose your health information as necessary for the operation of our dental practice, including:

- Quality assessment and improvement.
- Staff education and training.
- Reviewing the qualifications and performance of healthcare professionals.
- Risk management.
- Licensing, accreditation, certification, and credentialing activities.
- Internal administrative and compliance activities.

Family Members and Others Involved in Your Care

With your agreement, or when otherwise permitted by law, we may share information relevant to your care or payment for your care with a family member, friend, caregiver, personal representative, or another person involved in your healthcare. With your agreement, we may also allow another person to pick up items such as prescriptions, dental appliances, radiographs, records, or other health-related materials on your behalf.

If you are unable to tell us your preference, such as during an emergency or because of incapacity, we may use our professional judgment to determine whether disclosure is in your best interest and will limit the information disclosed to what is directly relevant.

Appointment Reminders and Healthcare Communications

We may contact you by telephone, voicemail, text message, email, mail, or secure patient portal regarding:

- Appointment reminders and confirmations.
- Treatment and follow-up care.
- Billing and insurance matters.
- Other healthcare-related communications.

Please inform us if you prefer that we contact you in a particular way or at a particular location.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your health information without your written authorization when permitted or required by law. Examples may include:

- Public health activities.
- Reporting suspected abuse, neglect, or domestic violence.
- Health oversight activities.
- Judicial or administrative proceedings and court orders.
- Certain law-enforcement purposes.
- Workers' compensation matters.
- Disaster relief activities.
- Certain approved research activities.
- Certain military, national security, or correctional-institution purposes.
- Preventing or reducing a serious threat to the health or safety of you or others.

Any such disclosure will be made only as permitted or required by applicable law.

YOUR WRITTEN AUTHORIZATION

Uses and disclosures of your protected health information that are not otherwise permitted or required by law or described in this Notice generally require your written authorization.

If you provide written authorization, you may revoke that authorization in writing at any time. Your revocation will apply to future uses or disclosures but will not affect information that was already used or disclosed in reliance on your authorization before it was revoked.

Clinical Photographs, Radiographs, and Educational or Marketing Use

During your care, Beacon Family Dental may obtain clinical photographs, radiographs, CBCT images, intraoral scans, digital models, and other clinical records as part of your diagnosis, treatments, and documentation.

- These materials may be used or disclosed as permitted by law for purposes related to your treatment, payment, and healthcare operations.
- These materials may also be used for patient education materials, publications, advertising, the practice website, or social media when the information and materials are not identifiable.
- Beacon Family Dental will obtain written authorization when required before using identifiable patient information or identifiable patient images.
- Facial photographs or other images that could reasonably identify you will not be used for marketing or promotional purposes without your written authorization.
- Authorization for photography, education, publication, or marketing may be obtained on a separate consent or authorization form when appropriate.

Declining authorization for optional educational, publication, or marketing use will not affect your ability to receive treatment at Beacon Family Dental.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have rights regarding your protected health information. Subject to applicable legal requirements and certain limitations, these include the following:

Access to Your Records

You may request to inspect or receive a copy of your health information maintained by Beacon Family Dental. Requests should be submitted in writing or through another method accepted by the practice. Copies may be provided electronically or in another available format when appropriate.

Request an Amendment

If you believe information in your record is incorrect or incomplete, you may ask us to amend or correct it. We may deny certain requests as permitted by law, but we will explain the reason if your request cannot be granted.

Request Restrictions

You may ask us to limit how we use or disclose certain health information for treatment, payment, or healthcare operations. We are not required to agree to every requested restriction. If we agree to a restriction, we will follow it except when disclosure is necessary in an emergency or otherwise permitted or required by law.

Request Confidential Communications

You may ask us to communicate with you about your healthcare in a particular way or at a particular location. For example, you may request that we contact you only at a certain telephone number or mailing address. We will accommodate reasonable requests as required by law.

Accounting of Certain Disclosures

You may request a list, or accounting, of certain disclosures we have made of your protected health information. This accounting generally does not include disclosures made for treatment, payment, healthcare operations, or certain other purposes excluded by law.

Notification of a Breach

You have the right to be notified as required by law if a breach occurs involving your unsecured protected health information.

Copy of This Notice

You may request a paper copy of this Notice at any time, even if you previously received the Notice electronically.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice, would like additional information about our privacy practices, or believe your privacy rights have been violated, please contact:

Privacy Officer

Dr. Xinyan Lucy Liu, DMD, PhD

Beacon Family Dental

Brookline Clinic: 1691 Beacon St, Suite 104, Brookline, MA 02115

Needham Clinic: 105 Chestnut St, Unit 16, Needham 02492

Phone: 617-738-6188

Email: info@beaconfamilydental.com

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____

Date of Birth: _____

Acknowledgment

I acknowledge that I have received, or have been offered the opportunity to receive, a copy of the Beacon Family Dental Notice of Privacy Practices.

I understand that this Notice describes how my protected health information may be used and disclosed, explains my privacy rights, and provides information about how I may obtain another copy of the Notice or ask questions about Beacon Family Dental's privacy practices.

I understand that I may ask questions regarding this Notice before signing this acknowledgment.

Patient / Parent / Legal Guardian Signature:

Printed Name:

Relationship to Patient (if applicable):

Date:
