

**Popeck Family Dentistry  
Jerry J. Popeck, DMD, PC**

## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW HEALTH 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 HEALTH INFORMATION IS IMPORTANT TO US.

### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect (04/14/03), and will remain in effect until we replace it.

We reserve the right 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 the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **USES AND DISCLOSURE OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in

effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required by lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

## **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we may charge you a nominal fee for each page, for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure).

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclose your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **(You must make your request in writing.)** Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Jerry Popeck

Telephone: (856) 678-6393 Fax (856) 678-6816

Address: 133 N. Broadway, Suite B, Pennsville, NJ 08070

# **REQUIRED ADDENDUM TO NOTICE OF PRIVACY PRACTICES**

**Effective February 15, 2026**

This Addendum supplements and is incorporated into the Notice of Privacy Practices of Popeck Family Dentistry. In the event of any inconsistency between this Addendum and the Notice of Privacy Practices, the terms of this Addendum shall control as required by federal law.

## **SPECIAL PRIVACY PROTECTIONS FOR CERTAIN HEALTH INFORMATION**

We are not primarily a substance use disorder (SUD) treatment program. However, we may receive and maintain SUD-related information incidentally (for example, referrals, medical history, medications, or laboratory results). Any such information we maintain may be subject to additional federal privacy protections, including records related to the diagnosis, treatment, or referral for treatment of a substance use disorder. These records are protected by federal law (42 C.F.R. Part 2), which in some cases is more restrictive than HIPAA. When these stricter protections apply, we will comply with those requirements.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

We may use and disclose your health information for treatment, payment, and health care operations as described in our Notice of Privacy Practices. When information includes substance use disorder records protected under 42 C.F.R. Part 2, additional legal requirements may apply, including your written consent prior to certain uses or disclosures.

## **LIMITS ON USE OF SUBSTANCE USE DISORDER RECORDS**

Federal law places strict limits on how substance use disorder records may be used or disclosed. Such records may not be used or disclosed to initiate or substantiate civil, criminal, administrative, or legislative proceedings without your written consent or a qualifying court order, except as otherwise permitted by law.

## **AUTHORIZATION AND CONSENT**

Certain uses and disclosures require your written authorization. You may revoke an authorization at any time by submitting a written request, except to the extent that action has already been taken in reliance upon it. If your health information includes substance use disorder records, your authorization may permit us to use and disclose such information for treatment, payment, and health care operations as allowed by law.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the right to inspect and obtain copies of your health information, request amendments, request restrictions, request confidential communications, and receive an accounting of disclosures, all as permitted by law.

### **REDISCLASURE NOTICE**

If your health information is disclosed to another party, that party may be permitted to redisclose the information, and it may no longer be protected under HIPAA. However, substance use disorder records may continue to be protected by federal law after disclosure, depending upon the circumstances.

### **PUBLIC HEALTH AND DE-IDENTIFIED INFORMATION**

We may disclose de-identified health information for public health, research, or health care operations purposes as permitted by law. De-identified information does not identify you and cannot reasonably be used to identify you.

### **FUNDRAISING COMMUNICATIONS**

We may contact you for fundraising purposes. You have the right to opt out of receiving fundraising communications at any time. Your decision to opt out will not affect your access to care.

### **COMPLAINTS AND ENFORCEMENT**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice of Privacy Practices and this Addendum at any time. Any changes will apply to all health information we maintain. The current version will be available upon request and on our website.