

NOTICE OF PRIVACY PRACTICES

LIC Dental Associates / Long Island City Dental Associates

Effective Date: February 1, 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 health information is important to us.

1. Covered Entities

This Notice applies to the following dental practices:

- **Queensboro and Court Square Dental Associates, LLC**
2721 Jackson Avenue, Long Island City, NY 11101
Telephone: 718-280-3286
- **Long Island City Dental Associates, LLC**
5002 5th Street, Suite B, Long Island City, NY 11101
Telephone: 718-530-6539

Both entities do business as **LIC Dental Associates / Long Island City Dental Associates**.

2. Contact Information

If you have questions about this Notice, our privacy practices, or wish to exercise your rights, contact our Privacy Officer:

Dr. Ishwinder Saran

Privacy Officer

5002 5th Street, Suite B, Long Island City, NY 11101

Telephone: 718-530-6539

Email: dr.saran@licdentalassociates.com

3. Our Legal Duties

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you this Notice of our legal duties and privacy practices

- Follow the terms of this Notice while it is in effect

We may change our privacy practices and this Notice as permitted by law. Revised Notices will be available at our offices and on our website. You may request a paper or electronic copy of the current Notice at any time.

We collect and maintain oral, written, and electronic PHI to provide care and administer our business. We protect your PHI with physical, electronic, and procedural safeguards as required by federal and state law.

4. Uses and Disclosures of Your PHI

1. Treatment

We may share your PHI with dentists, physicians, specialists, or other health care providers involved in your care. Example: sharing info with an oral surgeon to determine the need for surgery.

2. Payment

We may use or disclose your PHI to bill you or your insurance plan. Example: your insurer may request dates of service to process claims.

3. Health Care Operations

We may use or disclose PHI for:

- Quality assessment and improvement
- Provider performance and credentialing
- Legal, auditing, and fraud prevention
- Business planning, administration, and customer service

We may share PHI with other providers or health plans for their quality improvement or fraud prevention activities, as permitted by law.

4. Authorization

You may give written authorization to use or disclose PHI for purposes not described in this Notice, including marketing or fundraising. You may revoke authorization at any time except to the extent we have relied on it.

5. Family, Friends, and Others

We may disclose relevant PHI to family, friends, or others involved in your care or payment. You may object unless circumstances prevent it.

6. Emergencies and Disaster Relief

We may disclose your name, location, and general condition to assist in emergencies or

disaster relief. If you cannot object, we will use professional judgment to determine your best interest.

7. Health-Related Communications & Reminders

We may contact you about appointments, treatments, benefits, or services via mail, phone, email, or text. Electronic communications may not be fully secure; you may request alternative methods. You may opt out of reminders by notifying us.

8. Plan Sponsors

We may disclose summary PHI to your employer-sponsored plan if permitted by law.

9. Public Health and Legal Requirements

We may use or disclose PHI as required or permitted by law, including for:

- Public health reporting
- Reporting abuse, neglect, or domestic violence
- Health oversight activities
- Research
- Judicial or administrative proceedings
- Law enforcement purposes
- Coroners, medical examiners, funeral directors, organ procurement
- National security, military, or correctional activities
- Workers' compensation claims

10. Special Protections

Certain PHI may have additional protections under federal or state law, including:

- Substance Use Disorder (SUD) treatment records
- HIV/AIDS information
- Mental health records
- Genetic information (GINA)
- Reproductive health information

When applicable, we follow the more stringent law.

11. Business Associates

We may disclose PHI to third-party service providers. They are contractually required to protect your information.

12. Breach Notification

We may use your contact information to notify you if your PHI is accessed or disclosed without authorization, as required by law.

5. Your Rights

- 1. Right to Inspect and Obtain Copies** – Receive PHI in paper or electronic form. Requests must be in writing. A reasonable, cost-based fee may apply.
- 2. Right to Restrict Disclosures to Your Health Plan** – Request that we not disclose PHI to your health plan for services paid out-of-pocket in full. We must honor valid requests.
- 3. Right to Confidential Communications** – Request communication at a specific location or method. We will accommodate reasonable requests.
- 4. Right to Request Restrictions** – Request limits on how we use or disclose PHI. We may not agree to all requests.
- 5. Right to Request Amendment** – Request corrections to your PHI. Requests must be in writing; approval is not guaranteed.
- 6. Right to Accounting of Disclosures** – Request a list of certain disclosures made of your PHI.
- 7. Right to a Paper Copy of this Notice** – Receive a paper copy at any time.
- 8. Right to File a Complaint** – If you believe your privacy rights have been violated, you may file a complaint with us or with:

Office for Civil Rights, U.S. Dept. of Health & Human Services
200 Independence Avenue, SW, Room 509F, Washington, DC 20201
Phone: 1-800-368-1019

We will **not retaliate** for filing a complaint.

6. Opt-Out Options

- You may opt out of fundraising or marketing communications by notifying our Privacy Officer.
- You may request not to receive appointment reminders or communications by certain methods.