

# LAND OF LAKES ENDODONTICS, PA

2850 Curve Crest Blvd. Suite 115, Stillwater, MN 55082

Phone: (651) 439-8764 Email: [info@lolendo.com](mailto:info@lolendo.com)

## 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 February 16, 2026, 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. For more information about our privacy practices, or to request a copy of our Notice, please contact us using the information listed at the end of this notice.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose health information about you for treatment, payment, and healthcare operations without your written authorization for the following:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example: we send x-rays to a specialist for consultation.

**Payment:** We can use and disclose your health information to obtain payment for services we provide to you. Example: we submit information to your dental plan to obtain payment.

**Healthcare Operations:** We may use or share your public health information (PHI) to run our practice, improve your care, and contact you when necessary. Example: Quality assessment, auditing, or customer service.

**Public health and Safety:** We may share your health information for public health reporting, to report abuse or neglect, to avert a serious threat to health or safety, or public recalls, as permitted by law.

**Health oversight and law enforcement:** We share your PHI with health oversight agencies, for law enforcement purposes, or as required by a court or administrative order, subpoena, or similar process, as permitted by law.

**Research:** We may use or share your PHI under specific conditions approved by an Institutional Review Board or privacy board, or with your authorization.

**Workers' compensation, law enforcement, and other government requests:** We may share PHI for workers' compensation claims and for specialized government functions as permitted by law.

**Business associates:** We may share PHI with third parties who provide services for us (business associates) under contracts requiring them to protect your information.

#### **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:**

- Most uses and disclosures of psychotherapy notes (if any)
- Marketing communications, sales of PHI, and other uses not described in this Notice
- Sharing your PHI for purposes not permitted by law without your written permission

#### **YOUR RIGHTS REGARDING YOUR PHI:**

- **Right to access:** You can ask to see or get an electronic or paper copy of your dental record and other PHI we have about you. We will provide a copy or a summary of your health information within required time frames and may charge a reasonable, cost-based fee.
- **Right to request an amendment:** You can ask us to correct information you think is incorrect or incomplete. We may say "no," but we will tell you why in writing within 60 days.
- **Right to request restrictions:** You can ask us not to use or share certain PHI for treatment, payment, or health care operations. We are not required to agree, except when you pay out-of-pocket in full and request that we not share information with your health plan for that service.
- **Right to request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- **Right to an accounting of disclosures:** You can ask for a list of certain disclosures we have made of your PHI for the six years prior to your request.
- **Right to a paper copy of this Notice:** You can ask for a paper copy of this Notice at any time.
- **Right to choose a personal representative:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information, consistent with applicable law.

#### **OUR DUTIES:**

- We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

**SPECIAL NOTICE ABOUT SUBSTANCE USE DISORDER (SUD) RECORDS (42 CFR PART 2):**

If we create, maintain, or receive SUD records protected by 42 CFR Part 2, those records are subject to additional protection. Part 2 prohibits us from using or disclosing SUD records for many purposes without your written consent, including certain treatment, payment, and health care operations. Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a specific court order. You may revoke your consent as permitted by Part 2. We may combine this notice with Part 2 Patient Notice so long as all required elements are included.

**FUNDRAISING COMMUNICATIONS:**

If we contact you for fundraising, you will have a clear opportunity to opt out of receiving further communications.

We will not use or share 42 CFR Part 2 SUD records for fundraising without your written consent.

**QUESTIONS AND COMPLAINTS:**

If you have questions or want to exercise your rights, contact:

You may file a complaint with:

**U.S. Department of Health & Human Services — Office for Civil Rights**

**200 Independence Ave., SW**

**Washington, DC 20201**

**Phone: 877-696-6775**

or

**Our Privacy Officer:**

**Name:** Deanne

**Facility:** Land of Lakes Endodontics

**Address:** 2850 Curve Crest BLVD

**Phone:** 651-439-8764 \_\_\_\_\_ **Fax:** 651-493-9660 \_\_\_\_\_

**Email:** [info@lolendo.com](mailto:info@lolendo.com) \_\_\_\_\_

We will not retaliate against you for filing a complaint.

**ACKNOWLEDGMENT:**

You will be asked to sign an acknowledgment that you received this Notice.

NOTE: This NPP is written in plain language. We will post the current Notice in our office and on our website and provide it upon request. We will update this Notice when our privacy practices materially change.

**Acknowledgement:** I hereby acknowledge that I have read and fully understand the contents of this document, and I have been given the opportunity to ask all questions.

Signature \_\_\_\_\_

Date \_\_\_\_\_