

**GOVANI DENTAL, LLC**  
**NOTICE OF PRIVACY PRACTICES**

**Confidentiality of your health care information**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. This notice is required by law to tell you how Govani Dental LLC and its affiliates (collectively "Govani Dental") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient's health care history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Govani Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We must maintain the privacy of protected health information and follow the privacy practices that are described in this notice, but also comply with any stricter requirements under federal or state law that may apply to our administration of your care. However, we may change our privacy practices and this notice, provided such changes are permitted by applicable law, and make the new notice effective for all of your PHI that we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and post the new notice clearly and prominently at our practice location. You may request a copy of the then-current notice anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of your initial appointment at Govani Dental.

We do not provide substance use disorder treatment services. However, if we receive records or information from another provider that are subject to these enhanced protections, we will maintain and protect that information in accordance with applicable federal and state laws.

Our practice provides dental care services only. References in this Notice to additional protections are included to comply with federal privacy requirements and apply only if such information is received from another health care provider.

**Permitted Uses and Disclosure of Your PHI**

We are permitted to use or disclose your PHI without your prior authorization for the following purposes. These permitted uses and/or disclosures include disclosures to you, uses and/or disclosures for purposes of health care treatment, billing for services Govani Dental provides to you, and other health care operations. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

**1. For Treatment.** Govani Dental may use medical/dental PHI about you to provide you with safe dental treatment or services. We may disclose medical/dental information about you to other dentists, hygienists, lab technicians, or other personnel (including outside specialists) who are involved in taking care of you at the office. For example, a hygienist treating you may need to know that you are diabetic because such a condition could affect your treatment. In addition, we may disclose your PHI to outside dental and medical professionals who are involved in your care for the purpose of providing coordinated, comprehensive care. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

**2. For Payment.** Govani Dental may use and disclose medical/dental PHI about you so that the treatment and services you receive at our office may be billed to and payment may be received from you, an insurance provider, or a third party. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may need to disclose the procedures we used to treat you to your insurance company so that the insurance company pays us.

**3. For Healthcare Operations.** Govani Dental may use and disclose medical/dental PHI about you for our office operations, however under Wisconsin law, we must have your written permission before we may use and disclose your PHI in connection with healthcare operations other than management of our medical records and certain auditing and review activities

by staff committees and review organizations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. We are permitted to combine the medical/dental records of many of our patients when evaluating things such as what services to offer, whether to add staff, effectiveness of certain treatments, and for review and learning purposes.

**4. For Appointment Reminder.** Govani Dental may use and disclose PHI to send you mailings reminding you that you have an appointment (or are due to make an appointment) for treatment. We may also leave you telephonic messages reminding you of the same.

**5. For Treatment Alternatives.** Govani Dental may use and disclose PHI for the purposes of discussing or recommending possible treatment options or alternatives that may be of interest to you; or to discuss other health-related benefits or services that may be of interest to you.

**6. For Fundraising.** Govani Dental may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving communications.

**7. Third Parties.** If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or that sponsor for purposes of administering your benefits. We may disclose PHI to third parties that perform services for Govani Dental in the administration of your medical care. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Govani Dental in the administration of your medical care. These affiliates have implemented privacy policies and procedures and comply with applicable federal and state law. Whenever possible, Govani Dental has entered into a Business Associate Agreement with these providers.

**Less Common Uses and Disclosures**

**1. Disclosures Required by Law.** We may use or disclose patient health information to the extent we are required by law to do so. For example, we are required to disclose patient health information to the U.S. Department of Health and Human Services so that it can investigate complaints or determine our compliance with HIPAA.

**2. Public Health Activities.** We may disclose patient health information for public health activities and purposes, which include: preventing or controlling disease, injury or disability; reporting births or deaths; reporting child abuse or neglect; reporting adverse reactions to medications or foods; reporting product defects; enabling product recalls; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**3. Victims of Abuse, Neglect or Domestic Violence.** We may disclose patient health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect or domestic violence.

**4. Health Oversight Activities.** We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

**5. Lawsuits and Legal Actions.** We may disclose patient health information in response to (i) a court or administrative order or (ii) a subpoena, discovery request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.

**6. Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for a law enforcement purposes, such as to identify or locate a suspect, material witness or missing person or to alert law enforcement of a crime.

**7. 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 for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

**8. Secretary of HHS.** We will disclose your health information to the Secretary of the United States Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

**9. Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to a coroner, medical examiner or funeral director to allow them to carry out their duties.

**10. Organ, Eye and Tissue Donation.** We may use or disclose your health information to organ procurement organizations or others that obtain, bank or transplant cadaveric organs, eyes or tissue for donation and transplant.

**11. Research Purposes.** We may use or disclose your information for research purposes pursuant to patient authorization waiver approval by an Institutional Review Board or Privacy Board.

**12. Serious Threat to Health or Safety.** We may use or disclose your health information if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.

**13. Specialized Government Functions.** We may disclose your health information to the military (domestic or foreign) about its members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about its inmates.

**14. Workers' Compensation.** We may disclose your health information to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.

Additionally, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting. We are also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but we must attempt to keep incidental uses and/or disclosures to a minimum. We use administrative, technical, and physical safeguards to maintain the privacy of your PHI, and we must limit the use and/or disclosure of your PHI to the minimum amount necessary to accomplish the purpose of the use and/or disclosure.

We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions). Govani Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

#### **Disclosures Govani Dental Makes With Your Authorization**

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. Except as noted above, Govani Dental will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure. If Govani Dental has already relied on your authorization to use or disclose PHI, the revocation of authorization cannot apply to those prior uses or disclosures. Additionally, if the authorization was for purposes of obtaining insurance coverage, be aware that other applicable laws give the insurance company certain rights not covered under this Notice. The authorization will be obtained from you by Govani Dental or by a person requesting your PHI from Govani Dental.

#### **Your Rights Regarding PHI**

**You have the right to request an inspection of and obtain a copy of your PHI.** You may access your PHI by contacting the Govani Dental office. You must include (1) your name, address, telephone number and a form of identification and (2) the PHI you are requesting. Govani Dental may charge a reasonable fee for providing you copies of your PHI. Govani Dental will only maintain that PHI that we obtain or utilize in providing your health care. If you request information that Govani Dental maintains electronically, you have a right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure. If you are denied a request for access, you have a right to have the denial reviewed in accordance with the requirements of applicable law.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please

contact the Govani Dental privacy officer as noted below if you have questions about access to your PHI.

**You have the right to request a restriction of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. Your written request must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limit to apply. **We will consider your request but are not legally required to accept it, except in the case where the disclosure is to a health plan for purposes or carrying out payment or health care operations,** and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid Govani Dental in full. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

**You have the right to correct or update your PHI.** This means that you may request an amendment of PHI about you for as long as we maintain this information. Your request must be in writing, and it must explain why the information should be amended. If we agree to your request we will amend your record(s) and notify you of such. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, we will provide you with a written explanation of why we denied it. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by an outside third party, we may refer you to that person or entity to amend your PHI. For example, we may refer you to your employer to amend your benefits enrollment information. Please contact the Govani Dental privacy officer as noted below if you have questions about amending your PHI.

**You have the right to request or receive confidential communications from us by alternative means or at a different address.** We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you. You may be required to provide us with a statement of possible danger, a different address, another method of contact or information as to how payment will be handled. Please make this request in writing to the Govani Dental privacy officer as noted below. Wisconsin law requires that we honor certain restriction requests by private pay patients relating to research or the release of information to government agencies.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Additionally, under applicable federal law, certain records need not be retained longer than 6 years.

Please contact the Govani Dental privacy officer as noted below if you would like to receive an accounting of disclosures or if you have questions about this right.

**You have the right to notification of a breach.** You will receive notifications of breaches of your unsecured PHI as required by law.

**You have the right to get this notice by e-mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

#### **Complaints**

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request we 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 by notifying the privacy office as noted below. You may also complain to us or to the U. S. Secretary of Health and Human Services if you believe that Govani Dental has violated your privacy rights. We will provide you with the address to file your complaint with the U. S. Secretary of Health and Human Services upon request. We will not retaliate against you for filing a complaint.

#### **Contact**

You may contact the Govani Dental privacy officer at the address and telephone number listed below for further information about the complaint process or any of the information contained in this notice. Govani Dental, LLC, Attn: Privacy Officer, 1819 Evans Street, Oshkosh, WI 54901-2361; 920-231-1955.

This notice is effective on and after February 16, 2026.