



**Professional Dental
& Orthodontics**



Notice of Privacy Practices

Important information
you should know

Effective date: January 1, 2026



Professional Dental & Orthodontics
Multiple Dental Clinics in Utah

ProdentalUT.com

Rev. 01/2026

This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

WHEN THIS NOTICE APPLIES

This notice summarizes the privacy practices of Professional Dental affiliated covered entities, which include, but are not limited to:

Professional Dental Headquarters (1172 W 700 S, Ste 110, Lindon 84042 UT), and its clinical office locations: Professional Dental Bountiful, Professional Dental Centerville, Professional Dental Draper, Professional Dental Eagle Mountain, Professional Dental Herriman, Professional Dental Layton, Professional Dental Lehi, Professional Dental Logan, Professional Dental Millcreek, Professional Dental Orem, Professional Dental Payson, Professional Dental Pleasant Grove, Professional Dental Riverton, Professional Dental Rose Park, Professional Dental Saratoga Springs, Professional Dental Springville, Professional Dental Union Park, Professional Dental West Jordan, and Professional Dental West Valley, as well as the medical and dental staffs and personnel who provide you with care or services at these Professional Dental facilities.

In addition, we may share information with each other for purposes described in this notice, including for our joint treatment, payment, and healthcare operations activities in compliance with HIPAA, HITECH, and American Dental Association (ADA) guidelines.



OUR OBLIGATIONS

We have a long-standing commitment to protecting the privacy rights of our patients. In keeping with this commitment, and as required by law, we:

- Obtain your consent to use and disclose records about your health and healthcare;
- Maintain the privacy and security of your protected health information;
- Follow the duties and privacy practices described in this notice and give you a copy of it;
- 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. Let us know in writing if you change your mind; and
- Will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

When you receive services or treatment at a Professional Dental facility, you will be asked to sign an acknowledgment of this notice that describes how we use and disclose information about you in ways that are permitted by federal law. Federal law provides for significant privacy protections of health information.

The following categories describe ways that we may use and disclose health information that identifies you. That type of information is referred to as Protected Health Information (PHI) under the federal HIPAA (Health Insurance Portability and Accountability Act of 1996). Federal law does not restrict the use of patient health information once it



becomes "De-Identified" Data in a manner provided under HIPAA so as to not disclose patient identity. When we use the term "health information" in the remainder of this Notice, we mean Protected Health Information.

Some of the categories below include examples, but not every type of use or disclosure of Protected Health Information in a category is listed.

Except for the purposes described below, we will use and disclose health information only with additional written permission from you. If you give us permission to use or disclose health information for a purpose not discussed in this notice, you may revoke that permission at any time by sending a written request to our Chief Privacy Officer at the address listed at the end of this notice.

Protected Health Information may also be disclosed to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining the covered entity's compliance with the HIPAA Privacy Rule.

a) For Treatment

We may use health information to treat you or provide you with healthcare and dental services. We may disclose health information to doctors, dentists, dental hygienists, nurses, technicians or other personnel, including people outside our facility, who may be involved in your medical or dental care. For example, to coordinate your ongoing care both at our facilities and when you leave them, we may exchange health information with other healthcare providers like your primary care physician regarding the care we provided you, dental specialists (such as endodontists, periodontists, or oral surgeons) so they can provide you with additional services, or your pharmacy about the medicines you are taking or are prescribed.

b) For Payment

We may use and disclose health information so that we or others may bill or receive payment from you, an insurance company or a third party for the treatment and services you receive. For example, we may give your health or dental plan information about your treatment so they will pay for such treatment. We also may tell your health or dental plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

c) For Healthcare Operations

We may use and disclose health information for healthcare operations and administrative purposes. These uses and disclosures are necessary to make sure all our patients receive quality care and for operation and management purposes. For example, we may use health information to review the treatment and services we provide to ensure the care you receive is of the highest quality, or we may post in employee areas thank you notes or pictures you send us.

d) Appointment Reminders, Treatment Alternatives and Health-Related Benefits and Services

We may use and disclose health information to contact you as a reminder that you have an appointment with us. We may use and disclose health information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you. We also may make your health information available for you to access through a secure online patient portal.

e) Fundraising Activities

We depend on private fundraising to support our healthcare and community missions. We may use or share certain limited health information with our institutionally related Foundation(s) to



contact you in the future to make a donation for our fundraising programs. The money raised will be used to expand and improve the clinical services and programs we provide the community. Individuals who wish to opt-out of or change their opt-out status for Professional Dental fundraising communications and activities may contact the Professional Dental Privacy Office at ap@prodent.email. If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

f) Facility Directory

We may list your name, general condition (e.g., fair, critical, stable) and location in our directory, unless you ask us not to. We may disclose this information to anyone who asks for you by name.

g) Chaplaincy & Spiritual Care

We may disclose the information in our facility directory and information that you provide us regarding your religious

affiliation to members of the clergy for use and disclosure in their religious activities. In addition, where you elect to receive individualized spiritual services from a member of our Chaplaincy & Spiritual Care department, the clergy member may use health information to provide you with such services.

h) Individuals Involved in Your Care or Payment for Your Care

We may disclose health information to a person, such as a family member or friend, who is involved in your medical/dental care or who helps pay for your care. We also may notify your family about your location or general condition or disclose such information to a family member, relative, close personal friend or any other person identified by you who may be involved in your care or payment related to your healthcare, or for notification purposes. We may also disclose health information to a personal representative. A personal representative is generally a person who has legal authority to act on your behalf in making decisions related to your healthcare.

i) Research

Under certain circumstances, we may use and disclose health information for research purposes by Professional Dental, or other not-for-profit or for-profit organizations or persons. For example, a research project may involve comparing the health and recovery of all patients who received one medication or dental treatment to those who received another, for the same condition. In addition, we may use your data for health services research to improve the health of our patients and the communities we serve. However, before we use or disclose health information for research, the project will go through a special approval process. This process evaluates a proposed research and health improvement effort by Professional



Dental or by other not-for-profit or for-profit organizations or persons and its use of health information to balance the benefits of that effort with the need for privacy of health information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research or health improvement effort or for other similar purposes, as long as they do not remove or take a copy of any health information with them. If you are eligible for participation in a study, we may contact you to discuss your potential participation. In the unfortunate event of your death, we may use or disclose your health information with people who are conducting research using the information of deceased persons.

j) De-identified Health Information

We may use your health information to create "de-identified" information that is not identifiable to any individual in accordance with HIPAA. Federal law does not restrict the use of patient health information once it becomes "de-identified" data in a manner provided under HIPAA so as to not disclose your identity. We may create data sets of de-identified information of many patients to share with outside persons and companies to advance statistical and scientific knowledge for patient treatment, pharmaceutical and dental products, health insurance interest, and other health topics, to discover methods and products to diagnose and treat diseases and to improve care for the communities we serve. We may also disclose your health information to a business associate for the purpose of creating de-identified information.

k) Limited Data Set

We may use your health information to create a "limited data set" by removing certain identifying information. We may



also disclose your health information to a business associate for the purpose of creating a limited data set. We may use and disclose a limited data set only for research, public health or healthcare operations purposes. We may create a limited data set of many patients to share with outside persons and companies to perform research, public health or healthcare operations. Persons or companies receiving the limited data set must sign an agreement to protect your health information.

l) Professional Dental Quality Network

We may share your information with Professional Dental Quality Network, a collaboration between Professional Dental and community doctors and dentists throughout Utah. The information shared will be to improve the quality of healthcare and streamline medical and dental services.

m) Use of Technology to Support Care and Operations

We may use health information to support treatment, payment, and health care operations, including the use of advanced technologies and automated

tools that assist our workforce in providing care, managing our operations, improving quality, and ensuring patient safety. These technologies are used under appropriate safeguards and do not replace professional judgment. We may also offer digital tools that allow you to communicate with us, obtain information, or support your care. Information you choose to provide through these tools may be used and protected in the same manner as other health information we maintain.

SPECIAL CIRCUMSTANCES

a) As Required by Law

We will disclose health information when required to do so by international, federal, state or local law. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

b) To Avert a Serious Threat to Health or Safety

We may use and disclose health information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the

public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

c) Business Associates

We may disclose health information to our business associates who perform functions on our behalf or provide us with services, if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated by law and under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

d) Organ and Tissue Donation

We may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ or tissue donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

e) HIV Test Results

If you received an HIV test and did not give us permission to use and disclose the results, we will use and disclose the results of HIV tests that identify you only: (1) to provide you with healthcare services (for example, we may tell a



specialist about your HIV status so the specialist can treat you); (2) when compiling or reviewing your records as part of routine billing; (3) if necessary, to enable us to protect the quality of our services (for example, we may disclose HIV test results to our committees to monitor and evaluate our programs); (4) to child-placing or child-care agencies, family foster homes, residential facilities or community-based care programs that are directly involved in placement, care, control or custody and that have a need to know such information; (5) to a sex- or needle-sharing partner in accordance with the law; (6) in accordance with a court order that specifically requires us to release HIV test results; and (7) in connection with organ donation.

f) Military and Veterans

If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release health information to the appropriate foreign military authority if you are a member of a foreign military.

g) Workers' Compensation

We may disclose health information for

workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

h) Public Health Risks

We may disclose health information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury. We also may release health information to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will release this information only if you agree or when we are required or authorized by law.

i) Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. For example, these oversight activities include audits, investigations, inspections and licensure as well as periodic reports to the Utah Division of Occupational and Professional Licensing (DOPL). These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

j) Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order. We also may



disclose health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

k) Law Enforcement

We may release health information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

l) Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release health information to funeral directors as necessary for their duties.

m) National Security and Intelligence Activities

We may release health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

n) Protective Services for the President and Others

We may disclose health information to



authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

o) Inmates or Individuals in Custody

In the case of inmates of a correctional institution or those who are under the custody of a law enforcement official, we may release health information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

p) Disaster Relief Purposes

Health information may be used or disclosed to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating disaster relief efforts.

q) Separate Authorizations

Separate authorizations may be required for other sensitive categories of health

information and are generally required for most uses and disclosures of psychotherapy notes, marketing, to sell health information that identifies you or for other uses or disclosures not mentioned in this notice.

r) Electronic Health Information Exchange

We participate in systems that exchange health information electronically with other healthcare providers, health information exchange networks and health plans. When we participate in these systems, your health information maintained by us may be shared with or accessed by other providers, health information exchange networks and health plans for the purposes of treatment, payment or healthcare operations. In addition, we may access your health information maintained by other providers, health information exchange networks and health plans for our treatment, payment or healthcare operation purposes.

YOUR RIGHTS

You have the following rights regarding health information we maintain about

you:

a) Right to Inspect and Copy

You have the right to see or get an electronic or paper copy of your medical and dental record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

b) Right to Amend

If you feel that the health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. You must tell us the reason for your request. We may say "no" to your request, but we will tell you why in writing within 60 days.

c) Right to an Accounting of Disclosures

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make).



d) Right to Request Restrictions

You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. In addition, you have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not share information about your surgery with your spouse or that we not share information with your insurance company if you choose to pay for your service. We are not required to agree to your request except in circumstances where you have made a request to restrict disclosures about healthcare services you have received at a Professional Dental affiliate to a health plan for payment or healthcare operations, the healthcare services that are the subject of the restriction have been paid for in full "out of pocket" by you or on your behalf, and the disclosure is not required by law. If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations or are required by law to make a disclosure of health information.

e) Right to Request Confidential Communications

You have the right to request that we communicate with you about medical/dental matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. Your request must specify how or where you wish to be contacted. We will say "yes" to all reasonable requests.

f) Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our practice locations or by emailing our Privacy Office.

g) Right to Choose Someone to Act for You

If you have given someone legal authority to act on your behalf, such as medical/dental power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.



HOW TO EXERCISE YOUR RIGHTS

To exercise your rights described in this notice (other than to obtain a copy of this notice), you must email ap@prodent.email or send a request, in writing, to our Chief Privacy Officer at the following address:

Chief Privacy Officer
Professional Dental Headquarters
1172 W 700 S, Ste 110, Lindon, UT 84042
Email: ap@prodent.email

No other person, including a staff member, dentist, physician, nurse or clergy member, is authorized to accept a request to exercise your rights.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Chief Privacy Officer at the email address listed previously (ap@prodent.email), or you may file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights** by sending a letter to:

**200 Independence Avenue, SW,
Washington, D.C. 20201
Calling 1-877-696-6775 or visiting
www.hhs.gov/hipaa/filing-a-complaint/index.html**

We may request your complaint be made in writing.

If you have any questions about this notice, please contact our Chief Privacy Officer at **ap@prodent.email**.

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

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have as well as for any information we receive in the future. We will post a copy of the current notice at the Professional Dental facilities listed in this notice. The notice will contain the effective date on the first page.



PROFESSIONAL DENTAL UTAH OFFICE LOCATIONS

This Notice of Privacy Practices applies to all Professional Dental locations across Utah:

- **Bountiful — Street Address & Zip:** 81 W 500 S, Bountiful, UT 84010; **Phone:** (801)-335-5629; **Email Contact:** bountiful@prodent.email; **Website:** professionaldentalbountiful.com
- **Centerville — Street Address & Zip:** 312 N Marketplace Dr., Centerville, UT 84014; **Phone:** (801)-292-9111; **Email Contact:** centerville@prodent.email; **Website:** professionaldentalcenter ville.com
- **Draper — Street Address & Zip:** 656 E 11400 S, Suite H, Draper, UT 84020; **Phone:** (801)-572-2006; **Email Contact:** draper@prodent.email; **Website:** professionaldentaldraper.com
- **Eagle Mountain — Street Address & Zip:** 1352 Eagle Mountain Blvd, Eagle Mountain, UT 84005; **Phone:** (801)- 766-2223; **Email Contact:** eaglemountain@prodent.email; **Website:** professionaldentaleaglemountain.com
- **Herriman — Street Address & Zip:** 13292 S 5600 W, Herriman, UT 84096; **Phone:** (801)-302-8787; **Email Contact:** herriman@prodent.email; **Website:** professionaldentalherriman.com
- **Layton — Street Address & Zip:** 1240 E Hwy 193, Ste G1, Layton, UT 84040; **Phone:** (801)-771-6000; **Email Contact:** layton@prodent.email; **Website:** professionaldentallayton.com
- **Lehi — Street Address & Zip:** 170 S. Interstate Plaza, Ste 150, Lehi, UT 84043; **Phone:** (801)-766-1110; **Email Contact:** lehi@prodent.email; **Website:** professionaldentallehi.com
- **Logan — Street Address & Zip:** 957 S. State Hwy 89, Logan, UT 84321; **Phone:** (435)-787-1000; **Email Contact:** logan@prodent.email; **Website:** professionaldentallogan.com
- **Millcreek — Street Address & Zip:** 3179 Highland Dr. Ste. 301, Millcreek, UT 84106; **Phone:** (385)-295-6300; **Email Contact:** millcreek@prodent.email; **Website:** professionaldentalmillcreek.com
- **Orem — Street Address & Zip:** 582 East University Parkway, Orem, UT 84097; **Phone:** (801)- 224-9111; **Email Contact:** orem@prodent.email; **Website:** professionaldentalorem.com
- **Payson — Street Address & Zip:** 759 S 1040 W, Payson, UT 84651; **Phone:** (801)-465-0550; **Email Contact:** payson@prodent.email; **Website:** professionaldentalpayson.com
- **Pleasant Grove — Street Address & Zip:** 985 W State St #101, Pleasant Grove, UT 84062; **Phone:** (801)-785-6000; **Email Contact:** pg@prodent.email; **Website:** professionaldentalpleasantgrove.com
- **Riverton — Street Address & Zip:** 13686 S Redwood Rd Ste C, Riverton, UT 84065; **Phone:** (801)-446-8100; **Email Contact:** riverton@prodent.email; **Website:** professionaldentalriverton.com
- **Rose Park — Street Address & Zip:** 1632 W 700 N suite A-1, Salt Lake City, UT 84116; **Phone:** (385)-295-6333; **Email Contact:** rosepark@prodent.email; **Website:** professionaldentalrosepark.com
- **Saratoga Springs — Street Address & Zip:** 1314 N Redwood Rd. Ste 102, Saratoga, UT 84045; **Phone:** (801)-768-0440; **Email Contact:** saratoga@prodent.email; **Website:** professionaldentalsaratogasprings.com
- **Springville — Street Address & Zip:** 1795 W 500 S, Ste B3, Springville, UT 84663; **Phone:** (801)-491-6000; **Email Contact:** springville@prodent.email; **Website:** professionaldentalspringville.com
- **Union Park — Street Address & Zip:** 7455 S. Union Park Ave. Ste C, Midvale, UT 84047; **Phone:** (801)-262-7770; **Email Contact:** unionpark@prodent.email; **Website:** professionaldentalunionpark.com
- **West Jordan — Street Address & Zip:** 6910 S. Redwood Rd. Ste C, WJ, UT 84084; **Phone:** (801)-304-1111; **Email Contact:** wj@prodent.email; **Website:** professionaldentalwestjordan.com
- **West Valley — Street Address & Zip:** 2524 S 5600 W, West Valley City, UT 84120; **Phone:** (801)-982-9999; **Email Contact:** wv@prodent.email; **Website:** professionaldentalwestvalley.com

Professional Dental complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.