

Notice of Privacy Practices

HIPAA Manual Forms

Mountain to Sound Dental

18550 Firlands Ways N Ste. 200

Shoreline, WA, 98133

Effective Date: February 4, 2026

Our Commitment to Your Privacy

Our dental practice is committed to protecting the privacy and confidentiality of your protected health information (PHI).

We are required by law to maintain the privacy of your PHI, to provide you with this Notice of Privacy Practices, and to follow the terms of this Notice currently in effect.

This Notice explains how we may use and disclose your PHI, your rights regarding your PHI, our legal duties, and whom to contact for additional information or to file a complaint.

What Is Protected Health Information (PHI)

Protected Health Information (PHI) is individually identifiable health information that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for that care. PHI may be created, received, maintained, or transmitted in any form, including electronic, paper, or oral communications.

Examples of PHI include, but are not limited to:

Your name, address, phone number, email address, and date of birth

Dental and medical histories

Diagnostic images, X-rays, charts, and clinical notes

Treatment plans and progress notes

Insurance and billing information

Appointment and scheduling records

How We May Use and Disclose Your PHI Without Your Authorization

Federal privacy laws allow us to use and disclose your PHI without your written authorization for certain purposes, including treatment, payment, and health care operations (“TPO”).

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your dental care.

2. Payment

We may use and disclose your PHI to obtain payment for services provided to you.

3. Health Care Operations

We may use and disclose your PHI for activities necessary to operate our practice.

Other Permitted or Required Uses and Disclosures

We may also use or disclose your PHI without your authorization in certain circumstances as permitted by law.

Your Rights Regarding Your PHI

You have rights including access, amendment, restriction, confidential communications, accounting of disclosures, and a paper copy of this notice.

Our Legal Duties

We are required by law to maintain privacy and notify you of breaches.

Complaints

You may file a complaint with our practice or the U.S. Department of Health and Human Services.

Changes to This Notice

We reserve the right to change this Notice.