NOTICE OF PRIVACY PRACTICES

Jill Kollar DMD Professional LLC | d/b/a Precision Dental of Windsor

Effective date: October 9, 2026

Privacy Officer: Jill Kollar, DMD | 1580 Main Street, Suite B, Windsor, CO 80550 | 970-237-4313

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.

Your Information. Your Rights. Our Responsibilities.

This notice explains how Precision Dental of Windsor may use and disclose your protected health information (PHI), including dental records, and the rights you have regarding that information.

At a glance

Your rights

- Request a paper or electronic copy of your dental record.
- Ask us to correct information you believe is inaccurate or incomplete.
- Request confidential communication or restrictions on sharing.
- Ask for an accounting of certain disclosures.
- Receive this notice in paper form and designate an authorized personal representative.
- File a privacy complaint without retaliation.

Your choices

You may tell us your preferences for sharing information with family, friends, or others involved in your care, and for receiving communications about your care. Certain uses, such as most marketing and sale of PHI, require written authorization.

Our responsibilities

We must safeguard your PHI, follow the notice currently in effect, provide you with this notice, and notify affected individuals following a reportable breach of unsecured PHI.

1. Your rights in detail

Access your records

You may inspect or request a paper or electronic copy of your dental record and other PHI we maintain about you, subject to applicable exceptions. We generally respond within 30 calendar days. In circumstances allowed by law, we may provide a written extension. Any fee will be limited to amounts permitted by law.

Request a correction

You may request that we amend information you believe is inaccurate or incomplete. We generally respond within 60 days; a written extension may be permitted. If we deny an amendment, we will explain the reason and your available rights.

Request confidential communications

You may request contact by a particular method or at an alternative location, such as a specific phone number or mailing address. We will accommodate reasonable requests.

Request restrictions

You may ask us to limit certain uses or disclosures for treatment, payment, or health care operations. We generally need not agree, but when you pay out of pocket in full for a service and request that we not disclose related information to a health plan for payment or operations, we will honor that request unless disclosure is required by law.

Request an accounting of disclosures

You may request an accounting of certain disclosures made during the six years before your request. Some disclosures, including many for treatment, payment, or health care operations, are excluded by law. One accounting in a 12-month period is free; additional accountings may involve a permitted cost-based fee.

Request a copy of this notice

You may request a paper copy at any time, including if you previously agreed to receive it electronically.

Choose a personal representative

A person legally authorized to act for you, such as a guardian or holder of appropriate legal authority, may exercise your rights as permitted by law. We verify that authority before acting.

File a complaint

You may contact our Privacy Officer using the information at the beginning of this notice, or complain to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR): 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; https://www.hhs.gov/hipaa/filing-a-complaint/. We will not retaliate against you.

2. Your choices

If you have a preference for how we share information with family, close friends, or others involved in your care or payment for care, tell us. You may also tell us your preferences regarding disaster relief or appointment communications. If you cannot state your preference, we may share relevant information when allowed by law and reasonably in your best interest.

Marketing and sale of information

We do not sell your health information. We do not use or disclose PHI for marketing without written authorization except where HIPAA permits communications without authorization, such as certain communications about treatment alternatives or services.

For other uses or disclosures that require written authorization, we will request your permission before using or sharing your information. You may revoke a written authorization at any time by notifying us in writing; revocation will not affect actions already taken in reliance on it.

Psychotherapy notes

Most uses or disclosures of psychotherapy notes, if maintained by us, require your written authorization except where the law permits otherwise.

Fundraising

We do not use protected health information for fundraising communications.

3. How we use and disclose information

Treatment

We may share relevant information with other professionals treating you. For example, we may send radiographs and referral information to a dental specialist.

Payment

We may use or disclose information to bill and obtain payment for services. For example, we may submit treatment and claim information to your dental benefit plan.

Health care operations

We may use or disclose information to manage our practice and improve care. For example, authorized staff may review records for quality assurance or to manage appointments.

Reminders and health-related communications

We may contact you by telephone, portal, email, or text for reminders and information related to care, consistent with applicable privacy requirements and communication preferences. Tell us if you want a different method of communication.

Business associates

We may share information with companies that provide services on our behalf, including software, communications, billing, and IT services, as permitted by HIPAA and subject to appropriate business associate protections.

Other permitted or required purposes

- Public health and safety: reporting disease, adverse events, certain abuse or neglect, or preventing a serious threat, when law permits or requires.
- Health oversight and government functions: disclosures for authorized oversight, workers' compensation, law enforcement, or special government purposes when legal conditions are met.
- Legal process: responding to court orders, subpoenas, or other legal requirements only to the extent permitted or required by applicable law.

- Other legally permitted purposes: limited disclosures involving research, coroners or medical examiners, and organ or tissue donation where applicable and permitted.
- Compliance with law: disclosures required by federal or Colorado law, including disclosures to HHS for HIPAA compliance investigations.

For information protected by more stringent federal or Colorado confidentiality laws, those stronger protections govern.

4. Additional protections for substance use disorder records

Some substance use disorder (SUD) treatment records are protected by 42 CFR Part 2. If we receive or maintain such records from a Part 2 program, we follow the additional restrictions and permissions applicable to those records, including authorized uses for treatment, payment, and health care operations where permitted.

Part 2 records, or testimony describing their content, generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order with the legally required process. A court order authorizing use or disclosure must also be accompanied by a subpoena or other legal requirement compelling disclosure, as applicable.

Where applicable, we will also honor greater protections for mental health information or other records under Colorado or federal law.

5. Electronic access and redisclosure

When we provide electronic access through a patient portal or respond to a valid request to send records to a third-party application, privacy protections at the recipient may differ. Once information is disclosed to a recipient not subject to HIPAA, that recipient may be able to redisclose it and HIPAA may no longer protect the information in the recipient's hands. We will provide information and honor valid requests in accordance with applicable law.

6. Our legal duties and changes to this notice

We are required by law to maintain the privacy and security of your PHI, notify individuals of our legal duties and privacy practices, and provide required notifications following breaches of unsecured PHI. We must follow the terms of the notice currently in effect.

We may change this notice and apply revised terms to all protected health information we maintain, as permitted by law. The current notice will be available upon request, prominently posted in our office, and available on our website if applicable.

This notice applies to Jill Kollar DMD Professional LLC, doing business as Precision Dental of Windsor. The practice is owned and operated by Jill Kollar, DMD. We do not participate in an organized health care arrangement under a joint privacy notice.