

# NOTICE OF PRIVACY PRACTICES

## Pechek Dental and Associates

**Effective Date: February 9, 2026**

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**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. THE PRIVACY OF YOUR MEDICAL AND DENTAL INFORMATION IS IMPORTANT TO US.**

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### CONTACT INFORMATION

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Officer.

**Dr. Katherine Pechek**

**Telephone: 719-766-9020**

**24 Club Manor Dr. Ste 202, Pueblo, CO 81008**

### OUR LEGAL DUTY

We are required by federal and state law to maintain the privacy of your protected health information (PHI) and to notify you following a breach of unsecured PHI. We are also required to provide you this notice about our privacy practices, our legal duties and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on the date set forth at the top of this page and will remain in effect unless we replace it. We reserve the right at any time to change our privacy practices and the terms of this notice at any time. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all medical information we maintain, including medical information we created or received before we made the change in practices. We may amend the terms of this notice at any time. If we make a change to our policy practices, we will provide you with the revised notice. Any revised notice will be effective for all health information we maintain. The effective date of a revised notice will be noted.

Federal law requires us to provide you a copy of this notice no later than your first date of service. We will make a good faith attempt to obtain your written acknowledgment of consent. A copy of the current notice in effect will be available in our facility and on our website. You may request a copy of the current notice at any time. We collect and maintain oral, written and electronic information as well as maintain physical, electronic and procedural safeguards in the handling and maintenance of our patients' medical information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction and misuse.

### USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

**Treatment:** We may use and disclose your PHI to coordinate care with other dentists or dental specialists and other healthcare providers providing you treatment for the purpose of evaluating your health, diagnosing medical conditions and providing treatment.

**Payment:** Your PHI may be used to seek payment from your insurance plan or any third party payor or from you. For example, your insurance plan may request and receive information on dates that you received services at our facility in order to allow your employer to verify and process your insurance claim.

**Health Care Operations:** We may use and disclose your medical information for health care operations such as quality assessment, training, accreditation, and facility and practice management.

### SPECIAL PROTECTIONS (2026 Updates)

**Substance Use Disorder (SUD)** Treatment records have enhanced protection. Under 42 CFR Part 2, SUD records received from federal programs are strictly prohibited. They will not be used in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or court order.

**Reproductive Health Care Privacy:** We will not use or disclose your PHI to investigate or impose liability on any person for the act of seeking, obtaining, providing, or facilitating reproductive health care that is lawful under the circumstances in which it is provided.

**Notice of Redisclosure:** Once we disclose PHI to a third party per your authorization, that information may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA regulations.

**State-Specific Law:** Highly sensitive information (such as HIV/AIDS status or specific mental health records) is subject to stricter state laws in Colorado and will only be disclosed with your specific written authorization or as required by law.

**Other Permitted Uses:** We may disclose PHI without authorization for public health issues, law enforcement, national security, or if we believe you are a victim of abuse/neglect. We may also use PHI for appointment reminders (text, email, or phone). We may use your medical information to communicate with you about health-related products, benefits, services, payment for those products and services and treatment alternatives. We may use your contact information to provide legally required notices of unauthorized acquisition, access or disclosure of your health information.

**Reminders:** We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders via US Mail, email and telephone. By providing your email address and phone number to us, you agree that you may receive reminders and breach notifications via email and text message as a possible alternative to US Mail. It is the policy of our office to leave a message on any voicemail or answering machine that may be attached to a number that you provide (home, cell or work).

**Your Authorization:** You (or your legal personal representative) may give us written authorization to use your medical information or to disclose it to anyone for any purpose. You may take back or “revoke” your written authorization at any time, except if we have already acted based on your authorization. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

**Family, Friends and Others involved in your care or payment for care:** We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose the medical information that is relevant to the person’s involvement. We may use or disclose your name, location and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts. We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

## YOUR RIGHTS

**Access:** You are entitled to receive a Notice of Privacy Practices that tells you how your health information may be used and shared. You have the right to inspect and copy your records. We may charge a reasonable fee for copies, processing, and mailing or transferring your records. We will comply with your request within 7 days.

**Accounting:** You have the right to request a list of when and why disclosures we have made over the last 6 years for certain purposes.

**Restrictions:** You may request additional restrictions on how we use your PHI. You may choose to pay for a service in full out-of-pocket and we will honor your request to not share this information with your health insurer.

**Amendments:** You may request in writing that we amend your PHI, which you believe is incorrect. Your request does not guarantee the amendment, but does guarantee that it will be reviewed and considered.

**Confidential Communications:** You have the right to receive your information in a confidential manner and restrict certain communication methods and may request that we communicate with you via alternative means or locations (e.g., a specific phone number or address).

## QUESTIONS OR COMPLAINTS

If you believe that your privacy rights have been violated, or you disagree with a decision we made about access to your medical information, you may contact our Privacy Officer to register either a verbal or written complaint. You may also submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC, 20201. We will not retaliate in any way if you choose to file a complaint. Residents of Colorado may also seek legal relief for privacy violations under state statutes.

I acknowledge that I have been informed of, and given the right to review and secure a copy of our Notice of Privacy Practices.

**PRINT PATIENT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RELATIONSHIP TO PATIENT:** \_\_\_\_\_