

Your information. Your rights.

NOTICE EFFECTIVE OCTOBER 14, 2026 • NS-PRIVACY-01

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.

About this notice

This notice applies to health information maintained by NorthStar Implant Dentistry, Dr. Peter Kampf & Associates, in providing dental care. It covers our practice's workforce and care at our Briarwood, Manhattan and Commack offices, and our Brooklyn office when it opens. Independently operated providers may have their own privacy notices.

Access your records

You may request to inspect or obtain an electronic or paper copy of your dental and billing records. Contact our Privacy Officer to make a request. We generally respond within 30 days, or sooner when applicable law requires. If a permitted extension is needed, we will explain the reason and completion date in writing. A reasonable, legally permitted cost-based copying fee may apply. If access is denied, we will explain the reason and any review rights.

Request a correction

You may ask in writing to amend information you believe is inaccurate or incomplete and explain why. We generally respond within 60 days, with a written explanation of any permitted extension. If we deny the request, we will explain why and how you may submit a statement of disagreement for your record.

Ask for confidential communications

You may ask us to contact you by a particular method or at another address, such as calling a private telephone number. We will accommodate reasonable requests. Contact the office to arrange this; completing this acknowledgment does not change your communication preferences.

Request limits on sharing

You may request restrictions on use or disclosure for treatment, payment or health care operations, or to people involved in your care. We do not have to agree to every request. We must honor a request not to disclose information to your health plan for payment or operations when the information relates solely to an item or service you paid for fully out of pocket, unless disclosure is required by law. Tell us before we submit a claim.

Receive an accounting and a paper notice

You may request an accounting of certain disclosures during the previous six years. Disclosures for treatment, payment, operations, those you authorized, and other legal exceptions are generally excluded. One accounting in a 12-month period is free; we will advise you of any permitted fee for additional requests. You may obtain a paper copy of this notice at any time, even if you previously accepted an electronic copy.

Use a personal representative

A legally authorized personal representative may exercise rights on your behalf, subject to applicable law. We will verify the person's identity and authority. Naming someone on the acknowledgment does not itself grant that person authority or access to your records.

How information may be used

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Treatment, payment and practice operations

We may use and share information as permitted by law to provide and coordinate care, obtain payment and operate our practice. For example, we may share dental images with your restorative dentist, provide procedure information to your insurer for payment, or review charts for quality improvement. We may contact you about appointments, treatment alternatives or health-related services. Service providers working on our behalf must safeguard information under applicable agreements and law.

Family, caregivers and emergencies

With your agreement, or when you have an opportunity to object and do not, we may share information relevant to the involvement of family, friends or others in your care or payment. If you cannot express a preference, we may use professional judgment to share relevant information in your best interests, as permitted by law. Limited information may also be shared for disaster relief or to reduce a serious and imminent threat.

Other disclosures permitted or required by law

Subject to legal conditions and applicable protections, we may disclose information for public health reporting, product safety and recalls, reporting abuse or neglect, health oversight and audits, approved research, workers' compensation, organ or tissue donation, and coroners, medical examiners or funeral directors. We may disclose information as required by law, including to HHS to assess privacy compliance, and for lawful law-enforcement requests, court or administrative proceedings, or authorized military, national-security and other specialized government functions. A request alone does not remove applicable legal safeguards.

Uses requiring your written authorization

Uses and disclosures not described in this notice require your written authorization unless otherwise permitted or required by law. Most uses or disclosures of psychotherapy notes, marketing that requires authorization, and sale of protected health information require specific written authorization. You may revoke an authorization in writing through our Privacy Officer, except to the extent we have already acted in reliance on it or another legal exception applies. This acknowledgment is not an authorization to release records, a marketing consent, or a consent to treatment.

Additional protections for sensitive records

When applicable, federal and New York law impose additional safeguards for information such as HIV-related information, genetic testing and certain mental health records. We apply those protections, obtain specific consent when required, and disclose without that consent only when the applicable law permits or requires it. General permission under HIPAA does not override stricter protections.

Substance use disorder records (42 CFR Part 2)

If we receive or maintain records protected by 42 CFR Part 2, we follow the additional restrictions that apply to those records. We will not use or disclose them, or testimony describing their contents, in civil, criminal, administrative or legislative investigations or proceedings against you without your specific written consent or a qualifying court order and subpoena or other required legal mandate. Consent for such proceedings must be separate from consent for other purposes. A general records request or acknowledgment of this notice is not that consent.

Our responsibilities & your choices

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Protecting your information

We are required by law to maintain the privacy and security of protected health information, provide this notice, and follow the duties and privacy practices described here. We will notify you as required by law following a breach of unsecured protected health information. We use or disclose information only as described in this notice, as authorized by you, or as otherwise permitted or required by applicable law.

Fundraising choices

If we contact you for fundraising, you may opt out of further fundraising communications. Your choice will not affect treatment or payment. If fundraising would use your Part 2-protected information, we will first give you clear notice and an opportunity to choose not to receive those communications.

Questions, requests and complaints

Contact our Privacy Officer using the telephone number or mailing address below to exercise your rights, request assistance, or file a privacy complaint. We may ask you to submit a request in writing and verify your identity. We will not retaliate against you or deny care because you file a complaint.

You may also contact HHS

You may file a complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/hipaa/filing-a-complaint/index.html, by calling 1-877-696-6775, or by writing to 200 Independence Avenue SW, Washington, DC 20201. You do not need our permission to complain.

Changes to this notice

We reserve the right to revise this notice and apply revised practices to information we already maintain and information we receive in the future, as allowed by law. The current notice and its effective date will be available at our offices, on northstarimplants.com and upon request.

Completing the acknowledgment

Keep the notice for your records. Complete the acknowledgment on the following page, print it, sign by hand and bring it to your appointment. The downloadable PDF has fillable fields; the website also provides a browser-fillable version. Neither option submits information to our practice. Do not send completed forms through the general website contact form. Call us to arrange an appropriate return method if you cannot bring it in person.

Privacy contact

NorthStar Implant Dentistry — Attention: Privacy Officer. Telephone: (631) 315-1400. Mailing address: 139-12 84th Drive, Suite 1G, Briarwood, NY 11435.

Acknowledgment of receipt

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Complete this page, print, sign by hand and bring it to your appointment. Keep pages 1-3 for your records. Fields can be completed electronically in a PDF reader.

I acknowledge that I have received or been offered a copy of NorthStar Implant Dentistry's Notice of Privacy Practices, effective October 14, 2026. I understand that I may ask questions and request a paper copy. My signature acknowledges receipt only; it does not authorize release of records, waive my privacy rights, or consent to treatment. Declining to sign this acknowledgment will not prevent me from receiving care.

Patient full name

Date of birth (MM/DD/YYYY)

Date notice received (MM/DD/YYYY)

Representative name, if signing for the patient

Relationship / legal authority (office will verify)

Patient or representative signature: _____

Date signed: _____ (Sign by hand after printing.)

OFFICE USE ONLY — if acknowledgment is not obtained

Reason / good-faith efforts to obtain acknowledgment

Staff name

Date