

# NOTICE OF PRIVACY PRACTICES

## Victus Dental

Effective Date: February 19, 2026

### OUR LEGAL DUTY

Victus Dental is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice, follow its terms, and notify you if a breach of unsecured PHI occurs.

### HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use and disclose your PHI for treatment, payment, and healthcare operations including care coordination, insurance billing, quality assessment, and administrative functions.

### ELECTRONIC COMMUNICATIONS

We may communicate with you electronically for appointment reminders, scheduling, treatment follow-up, billing notifications, and practice announcements. Victus Dental utilizes SolutionReach and other third-party service providers who are required to protect your PHI under Business Associate Agreements. Electronic communications may carry some risk. You may request alternative communication methods at any time. Standard messaging and data rates may apply.

### OTHER PERMITTED DISCLOSURES

We may disclose PHI when required by law, including public health reporting, law enforcement, health oversight activities, workers' compensation, or to prevent a serious threat to health or safety.

### SUBSTANCE USE DISORDER RECORDS

If we receive records protected under 42 CFR Part 2 relating to substance use disorder treatment, we will use and disclose such information only as permitted by law and not for legal proceedings without your written consent or a compliant court order.

### YOUR RIGHTS

You have the right to inspect and obtain a copy of your PHI, request amendments, request restrictions, request confidential communications, receive an accounting of disclosures, receive a paper copy of this Notice, and file a complaint without retaliation.

### PRIVACY OFFICER CONTACT INFORMATION

Lillie Evans, Director of Clinical Operations  
Victus Dental  
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### ACKNOWLEDGMENT OF RECEIPT

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Personal Representative (if applicable): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_