



**ADVANCED  
TMJ MAXILLOFACIAL PAIN  
& SLEEP CENTER**

TMJ | HEADACHE | FACIAL PAIN | SLEEP APNEA

**NOTICE OF PRIVACY PRACTICES  
Advanced TMJ Maxillofacial Pain & Sleep Center**

Effective Date: 07/08/2025

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.

**OUR COMMITMENT TO YOUR PRIVACY**

At Advanced TMJ Maxillofacial Pain & Sleep Center, we are committed to protecting your personal health information. This Notice explains how we may use and disclose your Protected Health Information (PHI) and your rights under the Health Insurance Portability and Accountability Act (HIPAA) and applicable Washington State laws, including RCW 70.02.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We may use and disclose your PHI without your written permission for the following purposes:

**1. Treatment** — To provide, coordinate, or manage your healthcare. This includes sharing information with other healthcare providers or specialists involved in your care, such as sleep physicians or physical therapists.

**2. Payment** — To bill and collect payment for the services we provide. You may request restrictions on disclosures to your health plan if you have paid out-of-pocket in full.

**3. Healthcare Operations** — For activities such as quality improvement, staff training, licensing, auditing, and business management.

**4. Appointment Reminders and Health-Related Benefits** — We may contact you via phone, text, email, or mail to remind you of appointments or inform you of treatment options or health-related benefits.

**5. As Required or Permitted by Law** — We may disclose your PHI in circumstances including, but not limited to:

- Public health and communicable disease reporting
- Abuse or neglect reporting
- Health oversight activities
- Legal proceedings or law enforcement
- Coroner, funeral director, or organ donation purposes
- Research (under specific conditions)
- Workers' compensation
- Military or national security purposes

**6. Family and Others Involved in Your Care** — With your permission, we may share PHI with individuals involved in your care or payment for your care.

**USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

We will obtain your written authorization for:

- Marketing communications
- Sale of PHI
- Use of psychotherapy notes (if applicable)



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You may revoke this time, except to the extent that action has already been taken.

authorization in writing at any

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights:

- **Right to Inspect and Copy** — You may request to inspect or receive a copy of your medical and billing records. Requests must be in writing. Reasonable fees may apply.
- **Right to Amend** — You may request corrections to your records in writing with supporting reasons. We may deny the request under certain circumstances.
- **Right to an Accounting of Disclosures** — You may request a list of disclosures of your PHI (excluding those made for treatment, payment, or healthcare operations) up to six years prior.
- **Right to Request Restrictions** — You may request restrictions on how your PHI is used or disclosed. While we are not required to agree to all requests, we will comply with restrictions you request regarding services paid out-of-pocket in full.
- **Right to Request Confidential Communications** — You may request to receive communications in a specific way or at a specific location. We will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice** — You may request a paper copy of this Notice at any time.
- **Right to Notification of a Breach** — You will be notified in the event of a breach involving your unsecured PHI.
- **Right to Opt Out of Fundraising Communications** — If applicable, you may opt out of receiving any fundraising communications.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint:

### **With Our Office:**

Advanced TMJ Maxillofacial Pain & Sleep Center

Phone: (206) 880 0119

Email: [info@advancedtmjsleep.com](mailto:info@advancedtmjsleep.com)

### **With the U.S. Department of Health & Human Services:**

[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

You will not be penalized for filing a complaint.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and make the new terms effective for all PHI we maintain. Revised notices will be made available in our office and on our website.