

Notice of Privacy Practices

Effective date: September 30, 2026

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.

This notice applies to Ulicny Periodontics and Dental Implants, PC (the Practice), including Dr. Thomas Ulicny, Dr. A. Sidney Lyons, and Practice personnel when providing services on behalf of the Practice. It covers protected health information in paper, electronic, spoken, and other forms, including dental and medical histories, radiographs, treatment records, and billing information that we maintain.

Questions, requests, and privacy concerns

Privacy contact: Practice Owner, Dr. Thomas Ulicny

Ulicny Periodontics and Dental Implants, PC
416 West Broad Street, Quakertown, PA 18951
Telephone: 215-538-9505
Website: www.perioimplantspa.com

Call or write to the privacy contact to ask questions, exercise a right, or file a complaint. We can explain our request process and provide any applicable forms.

Our responsibilities

We are required by law to maintain the privacy of your protected health information, provide this notice of our legal duties and privacy practices, and follow the notice currently in effect. We use safeguards to protect your information and will notify you when a breach of unsecured protected health information requires notification under applicable law.

We will not use or disclose your information for purposes outside those described in this notice unless you authorize us in writing. You may revoke your authorization in writing, except to the extent we have already acted in reliance on it. When another applicable law provides greater confidentiality protections, we follow that law.

Your rights at a glance

You may request access to your records, corrections, confidential communications, restrictions on certain uses or disclosures, an accounting of certain disclosures, and a paper copy of this notice. An authorized personal representative may act for you as permitted by law. You may complain without retaliation. Details follow.

1 | How we use and disclose information

Subject to the additional protections on page 3, we may use and disclose information without your written authorization for the following purposes when permitted by law.

Treatment. We use information to evaluate and provide your periodontal, implant, and other dental care. We may share relevant information with your referring dentist, physician, pharmacy, laboratory, imaging specialist, or other treating provider. For example, we may send a surgical report to your dentist or obtain medical information before sedation.

Payment. We may use and disclose information to verify benefits, obtain prior authorization, submit claims, collect payment, or respond to billing questions. For example, an insurer may receive a diagnosis, radiographs, and procedure information needed to process a claim. Your right to restrict certain disclosures for care paid in full is described on page 4.

Health care operations. We may use and disclose information to manage the Practice, evaluate quality, train personnel, conduct audits, and perform administrative, compliance, and business activities permitted by law. For example, we may review treatment records to evaluate outcomes and improve the quality of care.

Service providers. We may share information with business associates that assist with functions such as billing, information technology, record storage, or professional services. Required agreements obligate these associates to safeguard information and limit its use and disclosure.

Care-related communications. We may contact you about appointments, follow-up care, results, treatment alternatives, or health-related services. Tell us if you need a different contact method or location.

People involved in your care. We may share information relevant to care or payment with family, friends, or others you identify if you agree, do not object when given the opportunity, or circumstances reasonably indicate your agreement. If you are unavailable or unable to decide, we may share relevant information when professional judgment indicates it is in your best interest. Additional consent requirements may apply to specially protected records.

Public health, safety, and oversight. When legally permitted or required, we may disclose information for disease reporting; product recalls or adverse-event reporting; reporting abuse, neglect, or domestic violence; reducing a serious and imminent threat; and authorized audits, investigations, inspections, or licensing activities.

Legal and government purposes. We may disclose information as required by law, including to HHS to evaluate compliance. Other permitted disclosures may include workers' compensation, law enforcement, military or national-security functions, and certain correctional situations. Court orders, subpoenas, and similar requests must satisfy applicable legal requirements; a request alone does not automatically authorize disclosure.

Other permitted purposes. We may disclose information to coroners, medical examiners, funeral directors, and organ-procurement organizations as authorized by law; for disaster-relief notification; or for research when required authorization, waiver, or other legal conditions are satisfied.

2 | Authorization and special protections

Uses requiring written authorization. We obtain your written authorization for uses and disclosures not described in this notice, including most uses and disclosures of psychotherapy notes, marketing requiring authorization, and any sale of protected health information requiring authorization. Patient photographs, testimonials, or identifiable case information used in public advertising require appropriate authorization.

Changing your mind. You may revoke an authorization in writing through our privacy contact. Revocation does not undo actions already taken in reliance on your authorization.

Substance use disorder records. If we receive or maintain substance use disorder patient records protected by 42 CFR Part 2, we follow the additional restrictions that apply to those records. Such records, or testimony describing their contents, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings or investigations against you without your written consent or a qualifying court order issued after notice and an opportunity to be heard are provided to you or the record holder. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested records are used or disclosed. A general treatment, payment, or operations consent does not by itself authorize use in proceedings against you.

Pennsylvania confidentiality protections. Pennsylvania law gives additional protection to certain HIV-related information and mental health treatment records, and state and federal laws protect certain drug and alcohol treatment records. We obtain written consent when required and disclose these records without consent only under an applicable legal exception. These protections may limit otherwise permissible treatment, payment, operations, or legal disclosures. Rules for minors' consent and records also apply when relevant.

Fundraising communications. If we contact you to raise funds for the Practice, you may opt out of further fundraising communications. Your choice will not affect treatment or payment. Before using Part 2 records for fundraising, we will provide clear advance notice and an opportunity to choose not to receive those communications, as required by law.

Information disclosed to others. Information disclosed under this notice may be redisclosed by the recipient and may no longer be protected by HIPAA. Other laws, including applicable Part 2 restrictions, may continue to protect it.

3 | Breach notification and notice changes

Breach notification. We assess impermissible uses or disclosures under applicable breach rules. Unless an exception applies or a documented risk assessment demonstrates a low probability that the information was compromised, an impermissible use or disclosure is presumed to be a breach. For a reportable breach of unsecured protected health information, we notify affected individuals without unreasonable delay and no later than 60 calendar days after discovery, subject to legally permitted delays, and make other required reports. We follow any applicable shorter legal deadline.

Changes to this notice. We may revise this notice and make the revised terms apply to information we already maintain as well as information received later. The revised notice will show its effective date and will be available in our office, on our website, and upon request.

4 | Your rights and how to exercise them

Inspect or obtain records. You may request an electronic or paper copy of, or access to, your dental, billing, and other records in the designated record set, subject to limited legal exceptions. Contact our privacy contact to make a request. Under Pennsylvania law, within 30 days after receiving your written request, we furnish an exact copy of your written dental record and copies of radiographs and orthodontic models, if requested, to you or your new dentist. We do not withhold this transfer because of an unpaid balance for treatment or reproduction costs. For other HIPAA access requests, we act within 30 days; if a legally permitted extension applies, we explain the reason and completion date in writing. An extension does not override the Pennsylvania dental-record deadline. Copy fees, if any, will be reasonable and cost-based as allowed by law. If access is denied, we explain why in writing and explain any right to review.

Request a correction. You may ask in writing to amend information you believe is incorrect or incomplete and explain your reason. We generally act within 60 days, with a written explanation if a permitted extension is needed. We may deny a request as allowed by law, but will explain our decision and your right to submit a statement of disagreement.

Request confidential communications. You may ask us to contact you in a particular way or at a different location, such as using a specific phone number or mailing address. We accommodate reasonable requests. Tell us how you wish to be contacted.

Request restrictions. You may ask us to limit information used or disclosed for treatment, payment, operations, or to people involved in your care. We are not required to agree to most restrictions. If we agree, we follow the restriction except as permitted by law, including necessary emergency treatment.

Restrict disclosures to your health plan for fully paid care. If you or someone other than your health plan pays for an item or service in full out of pocket, you may request that we not disclose information relating solely to that item or service to your health plan for payment or health care operations. We must agree unless disclosure is required by law. Please tell us before a claim or related information is sent.

Obtain an accounting of disclosures. You may request a list of certain disclosures made during the preceding six years. The list excludes disclosures that the law exempts, generally including treatment, payment, operations, disclosures to you, and authorized disclosures. The first accounting in any 12-month period is free. We will explain any permitted fee for additional requests in advance and allow you to withdraw or modify the request.

Receive a paper notice or use a representative. You may obtain a paper copy of this notice even if you previously accepted an electronic copy. A person legally authorized to act for you may exercise your rights, subject to applicable law. We verify that authority before acting.

File a complaint without retaliation

Contact our privacy contact listed on page 1 if you believe your privacy rights have been violated. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue, S.W., Washington, DC 20201; by calling 1-877-696-6775; or through www.hhs.gov/hipaa/filing-a-complaint/index.html. We will not retaliate against you for filing a complaint.