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**NOTICE OF PRIVACY PRACTICES**

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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.**

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We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices and to notify affected individuals following a breach of unsecured protected health information. This Notice describes how we protect your health information and what rights you have regarding it. We must follow the privacy practices that are described in the Notice while it is in effect.

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment, payment, or healthcare operations. Some information, such as HIV-related information, genetic information, substance use disorder records, and mental health records receive federal protections and generally cannot be re-disclosed without specific patient authorization, except in limited circumstances.

Examples of how we use or disclose information for: **Treatment purposes**- setting up an appointment for you; prescribing medications and faxing them to be filled; referring you to another doctor (specialist) or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us. **Payment purposes**- asking you about your health or dental care plans, determining eligibility and coverage, or other sources of payment; preparing and sending bills or claims to an insurance company, or third party; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). **Health care operations**- those administrative and managerial functions that we must do to run our office- financial or billing audits; internal quality assurance; conducting training programs; participation in managed care plans; defense of legal matters; business planning; and storage of our records. **Individuals Involved In Your Care or Payment for Your Care**- to your family or friends or any other individual identified by you when they are involved in your care or in the payment of your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information. **Disaster Relief**- to assist in disaster relief efforts. **Required by Law**- when we are required to do so by law.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.



## **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices from the federal Food and Drug Administration regarding drugs or medical devices;
- To governmental authorities about victims of suspected abuse, neglect, or domestic violence, including child abuse and neglect;
- Notify a person who may have been exposed to a disease or condition;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigations of possible violations of health care laws;
- For judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- For law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- To military authorities the health information of Armed Forces personnel under certain circumstances;
- To a correctional institution or law enforcement official having lawful custody of the protected health information of an inmate or patient;
- To a medical examiner to identify a dead person or to determine the cause of death; to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- Uses and disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- Disclosures relating to worker's compensation programs or similar programs established by law;
- If you are involved in a lawsuit or dispute, we may disclose your information in response to a court or administrative order; or in response to a subpoena, discovery request, or other lawful process by someone else in the dispute, but only if efforts have been made, to tell you about the request;
- Disclosures for research, public health, or health care operations, when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- Disclosures to business associates who perform health care operations for us and who commit to respect the privacy of your health information;
- Or other uses and disclosures affected by state law.

## **APPOINTMENT REMINDERS**

We may call, write, text, or email you to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, write, text, or email you to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will give you an appointment reminder on a business card, and/or leave you a reminder message on your home answering machine/voicemail or with someone who answers the phone if you are not home, send you a text message, or an email.



## **OTHER USES AND DISCLOSURES**

Your authorization is required with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of information for marketing and for the sale of personal health information. We will not make any other uses or disclosures of your health information unless you sign a written authorization form other than those provided for in this Notice (or as otherwise permitted or required by law). Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send the information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time in writing unless we have already acted in reliance upon it. Revocations must be in writing and sent to the office to the contact person named at the beginning of this Notice. If the authorization was for the purpose of obtaining insurance coverage, other laws give the insurance company certain rights.

## **YOUR RIGHTS REGARDING YOUR HEALTH INSURANCE**

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment, payment, or health care operations). We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax, or email shown at the beginning of this Notice. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. **We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment** or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice. Your request must provide a satisfactory explanation of how payments will be handled under the alternative means or location you request. If we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health care information within 30 days of asking us (or sixty days if the information is stored off-site). If you want to review or get photocopies of your health information, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice.
- Ask us to amend your health information if you think it is incorrect or incomplete. Your request must be in writing, and it must explain why the information should be amended. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the incorrect information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever



we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address, fax or email shown at the beginning of this Notice.

- Get a list of the disclosures that we have made of your health information, except for certain disclosures. By law, the list will not include disclosures of your health information in accordance with applicable laws and regulations. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the contact person at the address, fax, or email shown at the beginning of the Notice.
- Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice.

#### **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as information that we may generate in the future. If we make significant changes to our Notice of Privacy Practices, we will post the new notice in our office, and have copies available in our office. You may request copies of our Notice at any time.

**If you are concerned** that we have not properly respected the privacy of your health information, or if you disagree with a decision we made about access to your health information or in response to a request you have made to amend or restrict the use of disclosure of your health information or to communicate with you by alternative means or alternative locations, you are free to complain to us or the U.S. Department of Health and Human Services. We will provide you with that address upon request. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services. If you want to complain to us, send a written complaint to the office contact person at the address, fax or email shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone by appointment.

#### **FOR MORE INFORMATION**

If you want more information about our privacy practices, call or visit the office contact person at the address, fax or email shown at the beginning of this Notice.