

Notice of Privacy Practices

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 of Privacy Practices ("Notice") describes the privacy practices of The Palms Dental, LLC.

Our commitment to your privacy

We understand that information about you and your health is very personal, and we are committed to protecting the privacy of this information. We create a record of the care and services you receive at our dental office. This record is necessary to provide you with high quality care and ensure we are in compliance with certain legal requirements.

This notice will describe the ways in which we may use and disclose your protected health information, which consists of any information in our possession that would allow someone to identify you and learn something about your health. It does to apply to information that contains nothing that could reasonable be used to identify you.

We reserve the right to change the terms of this Notice at any time. Any revision to the Notice will be applicable to all health information we already have about you, as well as nay of your health information that we may receive, create, or maintain in the future. We will post a copy of our current Notice in a prominent location at our dental office. A copy of the current Notice in effect will also be available at the Front Desk area of our dental office. You may request a copy of our Notice at any time. For more information about our privacy practices, please contact our Privacy Officer or the Privacy Officer identified at the end of the Notice.

Our responsibilities

We are required by law to maintain the privacy and security of your health information and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. However, this Notice does not create rights or obligations that go beyond those laws. We are also required by law to comply with the terms of this Notice as currently in effect. We will not use or share your health information other than as described in this Notice without your prior written consent. We will promptly notify you in the event of a breach of any of your unsecured health information. We will comply with state law if it is not preempted by HIPAA. We will obtain your written consent for certain disclosures if your consent is required under state law.

How we may use and disclose health information about you

This Notice describes the different reasons and ways in which we may use or disclose your health information. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your health information. But any time we use your health information, or disclose it to someone else, it will fit on of the reasons listed here.

Treatment – We may use your health information and share it, electronically or otherwise, to provide you with treatment services. This means that our employees, staff, and others whose work is under our direct control, may read your health information to learn about your health condition and use it to make decisions about your care. For instance, a dentist may read your dental chart in order to care for you properly. We may also disclose your information to others who need it in order to provide you with medical treatment or services. For instance, we may send your doctor the results of an x-ray we perform. Additionally, we may use artificial intelligence technology that receives data about you and is used by your dentist to assist with treating or managing your health condition.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and /or disclose your heath information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgment., if you wish. For more information about our privacy practices, please contact our Privacy Officer identified at the end of this notice.

Payment we may use your health information, and disclose it to others, as necessary to obtain payment for the services we provide to you. For instance, an employee in our business office may use your health information to prepare a bill. And we may send that bill, and any health information it contains to your insurance company. We may also disclose some of your heath information to companies with whom we contract for payment-related services.

Health Care Operations We may use and disclose your health information for activities that are necessary to operate our dental practice,

Emergencies We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your written authorization. If this happens, we will try to obtain your written authorization as soon as we reasonably can after we treat you.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Health Oversight Activities We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigation, inspections and licensure actions. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Data Breach notification Purposes We may use or disclose your personal health information to provide legally required notices of unauthorized access to or disclosure of your personal health information.

Disaster Relief We may disclose your health information to disaster relief organizations that seek your health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Uses and Disclosures if You are Deceased Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, who were involved in your care of payment for health care prior to your death, your health information that is relevant to that person's involvement.

De-identified Information and Limited Data Sets We may use and disclose your health information to create de-identified information or limited data sets, and we may use and disclose such information as permitted by law. Once de-identified, the information is no longer subject to this Notice.

Please note that once your information is disclosed in accordance with one or more of the reasons above or as otherwise permitted by the federal HIPAA Privacy Rule, it may be re-disclosed and no longer protected by that rule if the recipient is not subject to HIPAA

Your Written Authorization is Required for Other Uses and Disclosures

Your authorization is required, with a few exceptions, for uses and disclosures of your health information for marketing purposes and for the sale of your health information. Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your prior written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to the Privacy Office noted below or our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But, the disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Other Limitations on How We Use and Share Your Health Information

HIPAA imposes other limits on how we can use and disclose your information. For example, sometime we may have access to records related to substance use disorders created by programs that are subject to special additional privacy laws and are marked as receiving special protection (called "SUD Records"). We can only use and share your SUD Records as allowed by federal privacy rules. For example, you may have signed a consent for all future uses and disclosures for treatment, payment, and health care operations.

We will not use or share your SUD Records in any legal proceedings against you unless you give written consent or a court order is issued after you or we (as holders of the records) have been notified and given a chance to respond, as required by law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Your Health Information Rights

Although your dental record is the physical property of our dental practice, you have certain rights with respect to your health information as described below. If you wish to exercise your right, you may write directly to the Privacy Officer at the address stated at the end of the Notice.

Right to request a restriction on certain uses and disclosures of your information You have the right to request a restriction or limitation on the health information we use and /or disclose about you for treatment, payment, or healthcare operations. Additionally, you have the

care, (e) for national security or intelligence purposes, (f) to correctional institutions, and (g) with respect to disclosures occurring prior to April 14, 2003. We reserve our right to temporarily suspend your right to receive and accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All request for an accounting shall be sent directly to the Privacy Officer at the address stated at the end of this Notice.

Right to get notice fo a breach You have the right to be notified upon a breach of any of your unsecured health information.

Right to a paper copy of this notice You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of the notice at our office. To obtain a paper copy of this notice, please write to the privacy officer at the address listed at the end of this notice. Copies of the current notice in effect will also be available at the front desk area.

Right to appoint a medical representative If you have given another individual medical power of attorney, or if another individual is your legal guardian, that individual can exercise your right and make choices about your health information on your behalf. We will take reasonable steps to ensure that this individual has this authority and can act for you before we take any action.

Language Assistance

To the extent required by law, we provide free language assistance services and appropriate auxiliary aids and related services upon request to patients. Please contact our Privacy office identified at the end of this notice for more information.

Questions and complaints

If you want more information about our privacy policies or have questions or concern, please speak with the Practice Owner at the dental practice or call or write to the Privacy Office noted at the end of the Notice.

If you are concerned that we may have violated any of your rights, or you disagree with a decision we made about access to your dental information or in response to a request you made in accordance with your right and the above instructions, you may complain to us in writing delivered to:

Privacy Office The Palms Dental
1600 Lake Murray Blvd
Columbia, SC 29212
803-604-4440

You may also file a complaint directly with the Secretary of the US Department of Health and Human Service at the Office for Civil Rights, US Department of Health and Human Services 200 Independence Avenue SW Washington, DC 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate in any way if you choose to file a complaint with us or the Secretary.

If you would like a copy of the notice for our personal records, please ask for a copy of the front desk.