

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Legal Duty

The privacy of your personal health information is important to us. We understand that your Protected Health Information (PHI) is personal and we are committed to protecting it. This Notice describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

Common Uses & Disclosures

The following examples describe different ways we may use or disclose your PHI and is not intended to be an exhaustive list.

Treatment

We may use your PHI to provide you with dental treatment or services, to discuss treatment options or alternatives, or health-related benefits and services that may be of interest to you. We may disclose PHI about you to dental specialists, physicians, or other health care professionals involved in your care.

Payment

We may use and disclose your PHI to obtain payment from health plans and insurers for the care that we provide to you.

Appointment Reminders

We may use or disclose your PHI when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, phone call, voice message, text, or email.

Disclosure to Family Members or Friends

We may disclose your PHI: (1) to a family member, friend or other person involved with your care or with payment for your care if you do not object; (2) if you are not present; (3) we believe it is in your best interest to do so.

Persons Involved in Care

We may use or disclose your PHI to (1) notify, or assist in the notification of your location; (2) your general condition, or death to a family member, your personal representative or another

person responsible for your care. If you are present, prior to use or disclosure we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI based on a determination using our professional judgment disclosing only that which is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up dental x-rays or other similar forms of health information.

Healthcare Operations

We may use and disclose PHI about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, business planning and development, and third party service providers (called, "business associates") that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

National Security

We may use and disclose PHI under certain circumstances to (1) military authorities of Armed Forces personnel; (2) authorized federal officials when information is required for lawful intelligence; (3) enforcement officials having lawful custody of PHI of an inmate.

Written Authorization for Any Other Use or Disclosure of Your Health Information

Uses and Disclosures of your PHI involving fundraising, marketing, the sale of your information, or any other uses or disclosures not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that this office has taken an action in reliance on the use of disclosure indicated in the authorization. If a use or disclosure of PHI described above in this notice is prohibited or materially limited by other laws that apply to use, we intend to meet the requirements of the more stringent laws.

Disclosures Required by Law

We may use or disclose PHI to the extent we are required by law to do so, for example, we are required to disclose patient health information to the U.S. Department of Health and Human Services so that it can investigate complaints or determine our compliance with HIPAA. Disclosures required by law include: (1) Public Health Activities; (2) Abuse, Neglect, or Domestic Violence; (3) Health Oversight Activities; (4) Lawsuits and Legal Actions; (5) Law Enforcement Purposes; (6) Coroners, Medical Examiners and Funeral Directors; (7) Research Purposes; (8) Serious Threat to Health or Safety; (9) Specialized Government Functions; (10) Workers' Compensation.

Patient Rights

Access

You may request, in writing, to access and review a copy of your PHI, with limited exceptions. We will provide a copy of your health information in a format you request if it is readily

producing. If not readily producing, we will provide it in a hard copy format or other format that is mutually agreeable. If your health information is included in an Electronic Health Record, you have the right to obtain a copy of it in an electronic format and to direct us to send it to the person or entity you designate in an electronic format. A reasonable cost-based fee of \$35 will be incurred to cover our cost in providing you with copies of your health information.

Disclosure of Accounting

You have a right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities (as provided by HIPAA), for the past 6 years, but not before April 14, 2003. Requests must be in writing, if requests are made more than once in a 12 month period a reasonable, cost-based fee will be incurred.

Amendments

If you believe that your PHI is incorrect or incomplete, you may request in writing that we amend it. Under certain circumstances your request may be denied and you will receive written notice. If denied you can file a statement of disagreement to be included with your health information you believe to be incorrect or incomplete.

Restrictions

You may request in writing that we restrict uses of your PHI to carry out treatment, payment, or healthcare operations or to your family member or friend involved in your care or the payment for your care. We may not (and are not required to) agree to your requested restrictions, with one exception: if you pay out of your pocket in full for a service you receive from us and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request.

Alternative Communications

You may request to receive communications of PHI by alternative means or to an alternative location. We will accommodate a written request if it is reasonable and you indicate that communication by regular means could endanger you. When you submit a written request to the Privacy Official listed at the end of this notice, you need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.

Security Breach Notification

We are required by law to notify you if the privacy or security of your health information has been breached. The notification will occur by first class mail within sixty (60) days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of your PHI.

The breach notification will contain the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

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 paper copy of the Notice at any time (even if you have agreed to receive the Notice electronically). To obtain a paper copy, ask the Privacy Official.

Our Right to Change Our Privacy Practices and This Notice

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will make the revised Notice available in our office and a copy will be provided to you upon request. The effective date of this Notice is September 10, 2013; revised date is July 24, 2019.

How to Make Privacy Complaints

If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Official listed at the end of this Notice. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you in any way if you choose to file a complaint.

Privacy Official: Terri Ellis

Telephone: 913-681-5500

Fax: 913-681-5520

E-mail: leawoodsmiles@gmail.com

Address: Dreem Dentistry, LLC

4839 W. 135th St.

Leawood, KS 66224

Descriptions

Disclosures Required by Law

We may use or disclose your PHI to the extent we are required by law to do so, for example, we are required to disclose PHI to the U.S. Department of Health and Human Services so that it can investigate complaints or determine our compliance with HIPAA. Disclosures required by law include:

- (1) Public Health Activities:** Prevention or controlling of a disease, injury or disability; reporting births or deaths; reporting child abuse or neglect; reporting adverse reactions to medications or foods; reporting product defects; enabling product recalls; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- (2) Abuse, Neglect, or Domestic Violence:** PHI may be disclosed to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect, or domestic violence.

(3) Health Oversight Activities: PHI may be disclosed to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

(4) Lawsuits and Legal Actions: PHI may be disclosed in response to a court or administrative order, a subpoena, discovery request (information gathering for lawsuits) or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.

(5) Law Enforcement Purposes: We may disclose your health information to a law enforcement official for a law enforcement purpose, such as, the identification or location of a suspect, material witness, missing person, or to alert law enforcement of a crime.

(6) Coroners, Medical Examiners and Funeral Directors: We may disclose PHI to a coroner, medical examiner or funeral director to allow them to carry out their duties.

(7) Organ, Eye and Tissue Donation: We may use or disclose your PHI to organ procurement organizations or others that obtain, bank or transplant cadaveric organs, eyes or tissue for donation and transplant.

(8) Research Purposes: We may use or disclose your information for research purposes pursuant to patient authorization waiver approval by an institutional Review Board or Privacy Board.

(9) Serious Threat to Health or Safety: We may use or disclose your PHI if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.

(10) Specialized Government Functions: We may disclose your PHI to the military (domestic or foreign) about its members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about its inmates.

(11) Workers' Compensation: We may disclose your PHI to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.