Practice Name: Morristown Pediatric Dentistry

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record • You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 30 days of your request, or in compliance with state law. We may charge a reasonable, cost-based fee.	**Ask us to correct your dental record** • You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we will tell you why in writing within 60 days.
Request confidential communications • You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address. • We will say "yes" to all reasonable requests.	**Get a copy of this privacy notice** • You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.
Ask us to limit what we use or share • You can ask us NOT to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. • We will say "yes" unless a law requires us to share that information.	**Get a list of those with whom we've shared information** • You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Choose someone to act for you • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.	**File a complaint if you feel your rights are violated** • You can complain if you feel we have violated your rights by contacting us at: 423-581-1877 • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877- 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.
Substance use disorder treatment:	• Substance use disorder treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42CFR part 2. 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 choices:
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

•Share information with your family, close friends, or others involved in your care, including stepparents	
•Share information in a disaster relief situation	
•Fundraising	• Our Practice does not intend to use or disclose your records for fundraising.
•In these cases, we never share your information unless you give us permission:	• Marketing purposes • Sale of your Information • Most sharing of psychotherapy notes (This dental practice does not create or maintain psychotherapy notes).

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures:
How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat You	• We can use your dental information and share it with other professionals who are treating you.	Example: A specialty dentist treating you for an oral health condition asks another doctor about your overall health condition.
Run our organization (Health Care Operations)	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	Example: We use health information about you to manage your treatment and services.
Bill for your services (Payment)	• We can use and share your health information to bill and get payment from dental plans or other entities.	Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways-usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/priacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues We can share health information about you for certain situations such as: • Preventing Disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety	**Address workers' compensation, law enforcement and other government requests** We can use or share health information about you • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Do Research • We can use or share your information for health research	**Comply with the law** • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests • We can share health information about you with organ procurement organizations.	**Work with a medical examiner or funeral director** • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Respond to a lawsuit and legal action • We can share health information about you in response to a court or administrative order, or in response to a subpoena.	

Other Permitted and Required Uses and Disclosures

Students: • We may share PHI with students working in our Practice to fulfill their educational requirements. • If you do not wish a student to observe or participate in your care, please notify your provider Artificial Intelligence (AI): • The dental practice uses artificial intelligence to improve efficiency, accuracy and patient outcomes. Unless a patient opts out, AI will be utilized during the patient's service. ☐ AI in use ☑ AI not in use	**Appointment Reminders:** • We may contact you as a reminder of your appointment. • Only limited information is provided on an answering machine or with another individual that may have answered the call other than you. • We may use an auto text reminder server, automated patient reminder servicer, or other patient reminder platforms. • We may issue a post card or letter notifying you that it is time to make an appointment. • You may provide a preferred means of contact such as mobile number or email address. • Appointment reminders are considered part of treatment of an individual and, therefore, can be made without an authorization. • Reasonable requests will be accommodated.

Redisclosure: Protected health information disclosed to our practice pursuant to federal HIPAA requirements may be subject to further disclosure by the recipient and, if redisclosed, may no longer be afforded protection under applicable federal or state laws.

Privacy /Security Officer: Debra Blair
Practice Name: Morristown Pediatric Dentistry
Practice Address: 950 W. 1st N. St. Morristown, TN 37814
Practice Phone: 423-581-1877
Privacy / Security Officer Email: debbie@morristownpediatricdentist.com

Our Responsibilities:

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information visit www.hhs.gov/ocr/priacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The amended notice will be available upon request, in our office, and when a website is available.

This notice takes effect (date): 2/16/2026 and remains in effect until we replace it.