NOTICE OF PRIVACY PRACTICES
Murfreesboro Family Dentistry

Effective Date: January 20, 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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

CONTACT INFORMATION

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Officer.
Telephone: 615-904-1700
2805 Old Fort Parkway Suite F
Murfreesboro, TN 37128

OUR LEGAL DUTY

We are required by law to protect the privacy of your protected health information ("medical information"). We are also required to send you this notice about our privacy practices, our legal duties and your rights concerning your medical information.
We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on the date set forth at the top of this page and will remain in effect unless we replace it. We reserve the right at any time to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all medical information we maintain, including medical information we created or received before we made the change in practices.
We may amend the terms of this notice at any time. If we make a material change to our policy practices, we will provide to you, the revised notice. Any revised notice will be effective for all health information we maintain. The effective date of a revised notice will be noted. A copy of the current notice in effect will be available in our facility and on our website. You may request a copy of the current notice at any time. We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our patients. We maintain physical, electronic and procedural safeguards in the handling and maintenance of our patients' medical information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction and misuse.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Treatment: We may disclose your medical information, without your prior approval, to another dentist or healthcare provider working in our facility or otherwise providing you treatment for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, your health information may be disclosed to an oral surgeon to determine whether surgical intervention is needed.
Payment: We provide dental services. Your medical information may be used to seek payment from your insurance plan or from you. For example, your insurance plan may request and receive information on dates that you received services at our facility in order to allow your employer to verify and process your insurance claim.
Health Care Operations: We may use and disclose your medical information, without your prior approval, for health care operations. Health care operations include:

- healthcare quality assessment and improvement activities;
- reviewing and evaluating dental care provider performance, qualifications and competence, health care training programs, provider accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits and legal services, including fraud and abuse detection and prevention; and
- business planning, development, management and general administration including customer service, complaint resolutions and billing, de-identifying medical information, and creating limited data sets for health care operations, public health activities and research.

We may disclose your medical information to another dental or medical provider or to your health plan subject to federal privacy protection laws, as long as the provider or plan has had a relationship with you and the medical information is for that provider's or

health plan's care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You (or your legal personal representative) may give us written authorization to use your medical information or to disclose it to anyone for any purpose. Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided will not disclose that information. You may take back or "revoke" your written authorization at any time, except if we have already acted based on your authorization. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice. We will obtain your authorization prior to using your medical information for marketing, fundraising purposes or for commercial use. Once authorize, you may opt out of these communications at any time.

Family, Friends and Others involved in your care or payment for care: We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose on the medical information that is relevant to the person's involvement. Any person on a shared family file will have full access to your information. We may use or disclose your name, location and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Health-Related Products and Services: We may use your medical information to communicate with you about health-related products, benefits, services, payment for those products and services and treatment alternatives.

Reminders: We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders via US Mail, email and telephone. By providing your email address to us, you agree that you may receive reminders and breach notifications via email as a possible alternative to US Mail. It is the policy of our office to leave a message on any voicemail or answering machine that may be attached to a number that you provide (home, cell or work).

Plan Sponsors: If your dental insurance coverage is through an employer's sponsored group dental plan, we may share summary health information with the plan sponsor.

Public Health and Benefit Activities: We may use and disclose your medical information, without your permission, when required by law and when authorized by law for the following kinds of public health and public benefit activities;

- for public health, including to report disease and vital statistics, child abuse, adult abuse, neglect or domestic violence;
- to avert a serious an imminent threat to health or safety;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities and fraud prevention agencies;
- for research;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

Special protections for SUD records: Substance Use Disorder (SUD) Treatment records have enhanced protections. They cannot be used in legal proceedings without your consent or court order.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Business Associates: We may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Data Breach Notification Purposes: We may use your contact information to provide legally required notices of unauthorized acquisition, access or disclosure of your health information.

Additional Restrictions on use and disclosure: Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly Confidential Information" may include confidential information under Federal laws governing reproductive rights, alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

1) HIV/AIDS;
2) Mental Health;

3) Genetic Tests (in accordance with GINA 2009);
4) Alcohol and drug abuse;
5) Sexually transmitted diseases and reproductive health information; and
6) Child or adult abuse or neglect, including sexual assault.

YOUR RIGHTS

1) You have a right to see and get a copy of your health records.
2) You have a right to amend your health information.
3) You have a right to ask to get an Accounting of Disclosures of when and why your health information was shared for certain purposes.
4) You are entitled to receive a Notice of Privacy Practices that tells you how your health information may be used and shared.
5) You may decide if you want to give your Authorization before your health information may be used or shared for certain purposes, such as marketing. It is the policy of our office NOT to sell or disclose your information to any outside firms or business partners. Your information may be used, only within our office, for the purposes of presenting to you certain products or services which our dentist(s) or staff feel may present a benefit for you, your oral health or happiness with your smile. If you would like to opt out of this level of service, you may do so by checking this box.
6) You have the right to receive your information in a confidential manner and restrict certain communication methods.
7) You have a right to restrict who receives your information.
8) You have a right to request amendment to be made to your health records by submitting the request in writing to our privacy officer. Your request does not guarantee the amendment, but does guarantee that it will be reviewed and considered.
9) If you believe your rights are being denied or your health information is not being protected, you can:
    a. File a complaint with your provider or health insurer
    b. File a complaint with the U.S. Government

COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with you about your medical information (including a breach notice communication), you may contact our Privacy Officer to register either a verbal or written complaint. You may also submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC, 20201. You may contact the Office for Civil Rights' hotline at 1-800-368-1019. We support your right to privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

Odontología Familiar Murfreesboro

Fecha de entrada en vigor: 20 de enero de 2026

ESTE AVISO DESCRIBE CÓMO SE PUEDE USAR Y DIVULGAR SU INFORMACIÓN MÉDICA Y CÓMO PUEDE ACCEDER A ELLA. LÉALO DETENIDAMENTE. LA PRIVACIDAD DE SU INFORMACIÓN MÉDICA ES IMPORTANTE PARA NOSOTROS.

INFORMACIÓN DE CONTACTO

Para obtener más información sobre nuestras prácticas de privacidad, resolver preguntas o inquietudes, o para obtener copias adicionales de este aviso, comuníquese con nuestro Oficial de Privacidad.

Teléfono: 615-904-1700

2805 Old Fort Parkway Suite F

Murfreesboro, TN 37128

NUESTRA OBLIGACIÓN LEGAL

Estamos obligados por ley a proteger la privacidad de su información médica protegida ("información médica"). También estamos obligados a enviarle este aviso sobre nuestras prácticas de privacidad, nuestras obligaciones legales y sus derechos con respecto a su información médica. Debemos seguir las prácticas de privacidad descritas en este aviso mientras esté vigente. Este aviso entra en vigor en la fecha indicada en la parte superior de esta página y permanecerá vigente a menos que lo reemplacemos. Nos reservamos el derecho de modificar nuestras prácticas de privacidad y los términos de este aviso en cualquier momento, siempre que la legislación aplicable lo permita. Nos reservamos el derecho de modificar nuestras prácticas de privacidad y los nuevos términos de nuestro aviso para toda la información médica que mantenemos, incluida la información médica que creamos o recibimos antes de realizar el cambio.

Podemos modificar los términos de este aviso en cualquier momento. Si realizamos un cambio sustancial en nuestras prácticas de política, le proporcionaremos el aviso revisado. Cualquier aviso revisado entrará en vigor para toda la información médica que mantenemos. Se indicará la fecha de entrada en vigor de un aviso revisado. Una copia del aviso vigente estará disponible en nuestras instalaciones y en nuestro sitio web. Puede solicitar una copia del aviso actual en cualquier momento. Recopilamos y mantenemos información oral, escrita y electrónica para administrar nuestro negocio y proporcionar productos, servicios e información de importancia para nuestros pacientes. Mantenemos medidas de seguridad físicas, electrónicas y procedimentales para el manejo y mantenimiento de la información médica de nuestros pacientes, de acuerdo con las normas estatales y federales aplicables, para proteger contra riesgos como pérdida, destrucción y uso indebido.

USOS Y DIVULGACIÓN DE SU INFORMACIÓN MÉDICA

Tratamiento: Podemos divulgar su información médica, sin su aprobación previa, a otro dentista o profesional de la salud que trabaje en nuestras instalaciones o que le brinde tratamiento con el fin de evaluar su salud, diagnosticar afecciones médicas y brindarle tratamiento. Por ejemplo, su información médica puede divulgarse a un cirujano oral para determinar si necesita una intervención quirúrgica.

Pago: Brindamos servicios dentales. Su información médica puede utilizarse para solicitar el pago de su seguro médico o de usted. Por ejemplo, su seguro médico puede solicitar y recibir información sobre las fechas en que recibió servicios en nuestras instalaciones para que su empleador pueda verificar y procesar su reclamación.

Operaciones de atención médica: Podemos utilizar y divulgar su información médica, sin su aprobación previa, para operaciones de atención médica. Estas operaciones incluyen:

• actividades de evaluación y mejora de la calidad de la atención médica; • Revisar y evaluar el desempeño, las cualificaciones y la competencia de los proveedores de atención dental, los programas de capacitación en atención médica, la acreditación, certificación, licencias y acreditación de proveedores;

• Realizar o gestionar revisiones médicas, auditorías y servicios legales, incluyendo la detección y prevención de fraude y abuso; y

• Planificación, desarrollo, gestión y administración general del negocio, incluyendo atención al cliente, resolución de quejas y facturación, anonimización de información médica y creación de conjuntos de datos limitados para operaciones de atención médica, actividades de salud pública e investigación.

Podemos divulgar su información médica a otro proveedor dental o médico, o a su plan de salud, de acuerdo con las leyes federales de protección de la privacidad, siempre que el proveedor o el plan hayan tenido una relación con usted y la información médica sea para las actividades de evaluación y mejora de la calidad de la atención, la evaluación y revisión de la competencia y la cualificación, o la detección y prevención de fraude y abuso de dicho proveedor o plan de salud.

Su autorización: Usted (o su representante legal personal) puede autorizarnos por escrito para utilizar su información médica o divulgarla a cualquier persona para cualquier propósito. Una vez que nos autorice a divulgar su información médica, no podemos garantizar que la persona a quien se le proporcione la información no la divulgue. Puede retirar o revocar su autorización escrita en cualquier momento, excepto si ya hemos actuado con base en su autorización. Su revocación no afectará ningún uso o divulgación permitidos por su autorización mientras estuvo vigente. A menos que nos otorgue autorización por escrito.