HIPAA NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE February 13, 2026

THIS HIPAA NOTICE OF PRIVACY PRACTICES ("NOTICE") DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE DENTAL PRACTICE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

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. We will comply with applicable law, but this Notice does not create rights or obligations that go beyond those laws. Once your information is disclosed as 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.

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. We may charge a reasonable, cost-based fee. In some limited circumstances, we may say "no" to your request, and you can ask that the denial be reviewed.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Your request should be in writing and include the reasons for the request for amendment. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days unless we need an extension of time.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

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." For example, we may refuse your request for a restriction 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), except if required by regulation. 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.

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 the notice electronically. We will provide you with a paper copy promptly.
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 take reasonable steps to make sure that the person has this authority and can act for you before we take any action.

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 if feasible or required by law.

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 • Share information in a disaster relief situation • Include your information in a facility directory If you are not able to tell us your preference, for example if you are unconscious or unavailable, 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. We may share certain information after you have died.
In these cases, unless allowed by law, we do not share your information unless you give us written permission	• Marketing purposes (except as described below) • Sale of your information (except as permitted by HIPAA) • Most sharing of psychotherapy notes
In the case of fundraising	• We may contact you and use certain information about you for fundraising efforts, but you can tell us not to do so. We may use a business associate or institutionally related foundation for these contacts.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information as explained below. We have provided some examples. Not every permissible use or disclosure is listed in each category. We may also make disclosures of limited health information incidental to these disclosures.

Treat you	• We can use your health information and share it, electronically or otherwise, with other professionals who are treating you. We can give out your information for other treatment purposes, such as leaving an appointment reminder message.	**Example**: 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.

Run our organization and engage in other health care operations	• We can use and share your health information to run our practice, improve your care, and contact you when necessary. We can also share for other health care operations purposes permitted by law or regulations.	**Example**: We use health information about you to manage your treatment and services, improve quality, and manage our business, such as development of artificial intelligence tools to improve operations and efficiency and for other lawful purposes. We may share health information with other entities for their health care operations and other lawful purposes.
Bill for services	• We can use and share your health information to bill and get payment from health plans, from you, or from other entities, or to help other entities get payment.	**Example**: We give information about you to your health insurance plan so it will pay for your services. We may give information to entities that help us collect payments. We may share your information with other entities for their payment purposes.

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/privacy/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.

Do research	• We can use or share your information for health research as permitted by laws and rules.
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 and tissue banks.
Work with a medical examiner or funeral director and share information after death	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies. • We may share your information after your death to the extent permitted by federal HIPAA rules.

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

Respond to and participate in lawsuits and legal actions	• We may use and disclose your information in response to a court or administrative order, a subpoena, or other lawful process. We may also share information when a protective order is in place or the use or disclosure otherwise complies with law, such as a lawsuit or arbitration brought for payment purposes.

Other uses and disclosures

- **Business Associates** – There are some health-related services provided through contracts with third parties, called "business associates," that may need the information to perform certain services on our behalf. Examples include software or technology vendors we may utilize to provide technical support, attorneys providing legal services to us, accountants, consultants, billing and collection companies, and others. When such a service is contracted, we may share your protected health information with such business associates and may allow our business associates to create, receive, maintain, disclose, or transmit your information on our behalf in order for the business associate to provide services to us, or for the proper management and administration of the business associate or to enable the business associate to fulfill its legal responsibilities. Business associates must protect any health information they receive from us, or create and maintain on our behalf. In addition, business associates may re-disclose your health information to subcontractors in order for the subcontractors to provide services to the business associate. The subcontractors will be subject to the same restrictions and conditions that apply to the business associate. Whenever such an arrangement involves the use or disclosure of your information to our business associate, we will have a written contract with our business associate that contains terms designed to protect the privacy of your information.

- **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 may use and disclose such information as permitted by law. Once de-identified, the information is no longer subject to this Notice.

- **Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official as permitted by applicable laws and rules.

- **Marketing and Education** – We may use and disclose your protected health information to communicate face-to-face with you to encourage you to purchase or use a product or service, or to provide a promotional gift of nominal value to you. We may also contact you with information that is health-related, but not marketing, such as contacts to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be useful to you.

Limits on How We Use and Share Your Health Information

HIPAA imposes other limits on how we can use and disclose your information. For example:

Substance Use Disorder Program Records.

- Sometimes we may have 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.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- When it comes to privacy and security, sometimes things go wrong. We will let you know promptly if a breach occurs that compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- 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.
- We will comply with state law if it is not preempted by HIPAA. We will obtain your consent for certain disclosures if your consent is required under state law.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Other State and Federal Laws

We may ask you for consent to share certain medical information. This consent is required by North Carolina and Virginia law for some disclosures and allows us to be certain that we can share your medical information for all of the reasons explained in this notice. For example, we will ask for your consent to share your information for payment purposes. We may also ask for your consent to share certain sensitive information that may have extra protection under state or federal law, such as information regarding communicable diseases or reproductive or sexual health information.

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 new notice will be available upon request, in our office, and on our web site.

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 Official for more information.

Questions and Complaints

If you want more information about our privacy policies or have questions or concerns, please speak with the Practice Owner at the dental practice or call or write to the address noted at the end of this 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 rights and the above instructions, you may complain to us in writing delivered to:

Virginia Dental Solutions
1890 Preston White Drive Suite 200
Reston, VA 20191

You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services at the Office for Civil Rights, U.S. Department of Health and Human Services, 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 in any way if you choose to file a complaint with us or the Secretary.

If you would like a copy of this Notice for your personal records, please ask for a copy at the Front Desk.

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