Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU GATHERED BY THE PRACTICE 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.

BACKGROUND

We at Flex Family Dentistry, PLLC ("we," "our," "us", the "Practice") are dedicated to protecting your privacy. Like all other medical and dental practices, we are required by applicable federal and state laws to maintain privacy of your health information. We are also required to provide you with this notice ("Notice") about our privacy practices, our legal duties, and how your health information may be handled in accordance with the Health Insurance Portability and Accountability Act of 1996 (also known by its acronym, "HIPAA"). This law protects information about you or your medical condition that identifies you as a patient (also referred to as "protected health information" or "PHI").

This Notice describes the privacy practices that will be followed by the Practice and its employees who are permitted to use or disclose your protected health information. We are required to abide by the terms of this Notice. We reserve the right to change this Notice and to make the revised Notice effective for all PHI currently in our possession as well as any PHI we receive in the future. Upon your request, we will provide you with any revised Notice and will post a copy of the current Notice on our website.

Understanding Your Health Record & Health Information

We collect and maintain oral, written and electronic information to administer our Practice and to provide products, services, and information of importance to our patients. Each time you visit our Practice a record of your visit is created.

Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third-party payer can verify that services billed were actually provided;
- tool in educating members of our healthcare team;
- source of information necessary to run the office and make sure that all of our patients receive quality care;

- source of information to send you reminders about future appointments and other communications about your treatment or medications;
- source of data for facility planning and marketing; and/or
- tools with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy;
- better understand who, what, when, where, and why others may access your health information; and
- make more informed decisions when authorizing disclosure to others.

We, and the members of our team, typically work together in a clinically integrated setting to provide you with dental care. In such settings, HIPAA permits the use of a single Notice to describe how the Practice may use or disclose your health information. This Notice applies only to care provided to you through the Practice.

Our Responsibilities. The Practice maintains physical, electronic, and procedural safeguards in handling and maintaining our patient's medical information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, and misuse.

HOW WE USE AND DISCLOSE YOUR PHI

Use And Disclosure of PHI for Treatment, Payment and Health Care Operations. We are permitted by law to use or disclose your PHI for treatment, payment and our health care operations. Some examples of the ways in which we may use and disclose PHI for these purposes are described below. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by the Practice.

Use and Disclosure of PHI for Treatment

Protected health information obtained or created by a dentist, dental hygienist, dental assistant or other member of your health care team will be recorded in your medical record and used and disclosed to determine the course of treatment and coordinate your care. Your dentist may document a course of treatment in your record along with his or her expectations about your response to the treatment. Members of your health care team may then record the actions they carried out in relation to your care along with their observations of your response to treatment.

The Practice may disclose your medical information, without your prior approval, to another dentist/specialist or healthcare provider working in the Practice or otherwise providing you with treatment for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. In that way, the treatment team can collaborate and understand how you are responding or may respond to treatment.

Use and Disclosure of PHI for Payment
A bill may be sent to you or a third-party payer or we may share information with a person who helps pay for your care, without your prior approval. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. For example, your insurance plan may request and receive information on dates that you received services at our Practice in order to allow your employer to verify and process your insurance claim.

Use and Disclosure of PHI in support of our Health Care Operations
In order to improve our health care operations, we may use and share your medical information, without your prior approval, in connection with many quality improvement activities. For example, members of the medical and clinical staff, members of the quality improvement team, and participants in our organized health care arrangements may use protected health information to assess the care and outcomes in your case and others like it. This information would then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

We may also use and disclose your PHI for:

- Healthcare quality assessments 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;
- 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;
- Appointment and refill reminders, to contact you as a reminder that you have an appointment. This may be done via an automated calling system, email, or text;
- Health-related benefits and services to manage and coordinate your care and inform you about alternative treatments or other health-related benefits and services such as disease management programs or wellness programs;
- Marketing communications promoting health-related products or services if the communication is made face to face with you or the only financial gain consists of a promotional gift of nominal value provided by the Practice; and
- Collections purposes so attorneys, consultants, and collection agencies can perform the job that we have contracted with them to do.

The Practice 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.

Uses and Disclosures of Protected Health Information Requiring an Opportunity for You to Agree or Object.

We may use or disclose your PHI without your prior authorization in limited circumstances when you are informed in advance of the use and disclosure and you have the opportunity to agree, object, or limit the use or disclosure. Unless you advise us of your objection to these uses, we will assume that the use of your PHI, as described in this section of the Notice, is acceptable to you. The types of uses or disclosures that require us to provide you with an opportunity to agree or object are set forth below.

Notification: We may use or disclose protected health information to notify, identify, or locate a family member, personal representative, or another person responsible for your care, to inform them of your health status or condition, or death (unless doing so is inconsistent with any prior expressed preference that is known to us). We may disclose your protected health information to a public or private entity authorized by law to assist in disaster relief efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communications with your family and others.

Communications with Family, Friends and Others Involved in Your Care or Payment for Your 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 once you provide us with the appropriate prior written authorization. We will disclose only the medical information that you have authorized.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization, or Without an Opportunity for You to Object.

In certain circumstances, we may use or disclose your protected health information without your authorization or objection. Some of the types of uses or disclosures that may be made without your permission are listed below, but not every use or disclosure of this type is listed.

Required by Law. We may disclose your protected health information to the extent state, federal, or local law requires us to do so.

Military. If you are a member of the armed forces, we will release medical information about you as requested by military command authorities if we are required to do so by law or when we have your written consent. We may also release medical information about foreign military personnel to appropriate foreign military authority as required by law or with written consent.

Coroners, Medical Examiners and Funeral Directors: We may release PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information about our patients to funeral directors, as necessary to carry out their duties.

Workers Compensation. We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law that provide benefits for work-related injuries or illnesses.

Public Health. We may disclose your protected health information to public health authorities for public health purposes. Some examples include: (i) preventing or controlling disease, injury, or disability; (ii) reporting and prevention of abuse, neglect, or domestic violence; (iii) providing notice to a person who may be at risk for contracting or spreading a disease or condition and reporting disease or infection exposure; (iv) reporting reactions to medications or problems with products; (v) notifying people of recalls of products they may be using; or (vi) reporting to the FDA as permitted or required by law.

Correctional Institution. Under certain circumstances, we may disclose your PHI to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual only as permitted or required by law.

Law Enforcement. We may disclose your PHI under limited circumstances for law enforcement purposes such as:

- identifying or locating a suspect, fugitive, material witness or missing person;
- responding to a court order, subpoena, warrant, summons or similar process;
- responding to a request for information about the victim of a crime;
- responding to a request for information about a death we suspect may be the result of criminal conduct;
- responding to a request for information about criminal conduct on the premises of the Practice;
- in emergency circumstances to report a crime; or
- as needed to avert a serious and imminent threat to health or safety.

Health Oversight Activities. Federal law makes provision for your protected health information to be released to an appropriate health oversight agency or public health authority for oversight activities authorized by law. These oversight activities include, for example, activities of state insurance commissions, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any administrative or judicial proceeding, in response to a court or administrative order. In response to a subpoena, discovery request, or other process by someone else involved in the dispute, we may produce PHI when we receive assurances that efforts have been made to notify you and allow you to object to the request or to obtain an order protecting the information requested. We will limit the disclosure to the amount and type of information expressly required or authorized by the request.

Public Safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

National Security and Intelligence Activities. We may disclose protected health information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law, or other specialized government functions, for example, to protect the President, certain other governmental persons or foreign heads of state.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization.

We may make other uses and disclosures of your PHI not covered by this Notice. Unless otherwise permitted or required by law, these uses and disclosures will be made only with your written authorization. Such uses and disclosure requiring patient authorization include the following:

Marketing. We must obtain your authorization prior to using or disclosing your PHI to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, except as otherwise described in this Notice or as permitted by law.

Sale of PHI. We must obtain your authorization prior to engaging in any activities that constitute a sale of PHI not permitted under HIPAA.

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.

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.

If you give authorization for the Practice to use or disclose your PHI, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose PHI as had been permitted by your written authorization. However, we are unable to take back any disclosures we have already made in accordance with your authorization and we are required to retain our records of the care that we provided to you.

Business Associates.

We may also disclose your PHI to third party "business associates" that perform various activities (e.g., billing, insurance, accounting and medical transcription services) for or on behalf of the Practice. Other examples include performance of certain laboratory services, as well as a copy service we use to make duplicate copies of your health record. Our business associates may use, disclose, create, receive, transmit or maintain PHI during the course of providing services to us. Like the Practice, business associates are required under HIPAA to protect your PHI. Nevertheless, we will also have a written agreement in place with business associates governing their use and/or disclosure and the measures it must take to protect the privacy of your PHI.

Preemption.

The federal health care Privacy Regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, or other federal laws that are more stringent than HIPAA, we may be required to operate under that applicable privacy standard.

YOUR RIGHTS

Although your health record is the physical property of the Practice**,** the PHI contained within your health record belongs to you. You have the following rights with respect to your protected health information.

The Right To Request Restrictions Of Our Use And Disclosure.

You have the right to request that we restrict the use or disclosure of protected health information about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a medication prescribed to you to a family member. However, the Practice is not required to agree to the restrictions that you may request. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment, or as otherwise permitted by law. We will notify you if we do not agree to a requested restriction.

Notwithstanding the above, you may request, and unless otherwise required by law, the Practice must honor your request, to restrict disclosure of PHI to a health plan (e.g., insurance company) for payment or health care operations if you or someone other than the health plan paid in full for the related items or services (i.e., out-of-pocket). Your request only applies to the Practice. If you want subsequent providers to abide by the same restriction, you must request the restriction from them and pay out-of-pocket for items or services provided by them. The Practice is not responsible for notifying subsequent healthcare providers of your request for restrictions on disclosures to health plans for items or services you pay to us out-of-pocket. This practice also applies for the health care organizations listed on page 2 of this Notice of Privacy Practices. To restrict disclosure of PHI to a health plan for items or services paid out-of-pocket to any of the health care organizations listed on page 2 of this Notice of Privacy Practices, you must make that request to the health care organization who provided those services listed on this Notice of Privacy Practices.

To request restrictions, you must make your request in writing to the Practice pursuant to the contact information can be found at the end of this notice. In your request, you must tell us:

- what information you want to limit,
- whether you want to limit our use, disclosure or both, and
- to whom you want the limits to apply – for example, disclosures to your spouse.

The Right To Request Alternative Means Of Communication.

You have the right to request that we communicate with you about medical/dental matters by alternate means or at an alternate location. For example, you may ask that we only contact you at your office or only by mail. If your request is reasonable, we will

accommodate it. To request alternative means or locations for confidential communications, you must make your request in writing to the Practice. Your request must specify how and/or where you wish to be contacted.

The Right To Inspect And Copy Your Health Record.

You have the right to inspect and receive a copy of your PHI that may be used to make decisions about your care. This information includes medical records, but does not include information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or protected health information that is subject to a law prohibiting your access to such information.

To inspect and obtain a copy of protected health information, you must submit your request in writing to the Practice, Attn: Correspondence and you may specify that you want your PHI in an electronic format. The Practice will provide you with a copy in a readable electronic format that the Practice is readily able to produce. If you request a copy of the information, we may charge you a reasonable fee for the costs of labor for copying, mailing, or other supply costs associated with your request.

We may deny your request to inspect and obtain a copy in certain limited circumstances. If you are denied access to protected health information, you may be able to request a review of that decision. Depending on the circumstances, the decision to deny access may or may not be reviewable. If you make such a request, we will notify you as to whether the decision is reviewable.

The Right To Amend Your Health Record.

You have a right to request that the Practice amend your health information that is used to make decisions about you if you believe that it is incorrect or incomplete. You have the right to request an amendment for so long as the Practice keeps the information.

To request an amendment, your request must be made in writing and submitted to the Practice: Attn: Correspondence. In addition, we will require you to provide us with a reason for your request.

We may deny your request for amendment if it is not in writing. We may also deny your request if it does not include a reason to support the request. In addition, we may deny your request, in whole or in part, if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the protected health information used by the Practice to make decisions about you;
- is not part of the information which you would be permitted to inspect and obtain a copy; or
- is accurate and complete.

If your request to amend your medical information is denied, you may file a statement of disagreement with us. You also have a right to a copy of our rebuttal statement, if we choose to prepare one.

The Right To An Accounting Of Disclosures.

You have a right to receive an accounting of the disclosures of your protected health information made by the Practice. However, the Practice does not have to account for the disclosures made:

- for the purpose of treatment or payment or in support of health care operations unless HIPAA provides otherwise;
- to you or with your authorization;
- incident to a use or disclosure otherwise permitted by this Notice;
- so that we could notify or communicate with your family members or others involved in your care as provided elsewhere in this Notice;
- in support of national security and intelligence activities;
- as part of a limited data set; or
- to correctional institutions or law enforcement officials as permitted by this Notice.

To request an accounting of disclosures, you must submit your request in writing to the Practice. Your request must include a time period of no longer than six (6) years for which you are requesting an accounting of disclosures. We will provide an accounting for the period you request unless the period or right to receive the accounting is or may be limited under HIPAA. The first accounting you request within a 12-month period will be free. For additional requests, we may charge you for the costs of providing the accounting.

The Right to Notice of a Breach.

You have the right to receive notice of any breach (i.e., the unauthorized use or disclosure) of your protected health information, as defined under HIPAA. We may use your contact information to provide legally required notices of unauthorized acquisition, access or disclosure of your protected health information.

The Right To A Paper Copy Of This Notice.

You have a right to a paper copy of this Notice of Privacy Practices. Paper copies are available at any patient registration area of the Practice.

An electronic copy of this notice is posted on the Internet at:

https://flexfamilydentistry.com

Complaints or Questions. 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 as follows:

Attn: Dr. Diane Flexsenhar
Flex Family Dentistry
4700 King Street, Suite 325
Alexandria, VA 22302
(703) 824-0055

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.

For More Information. If you have questions and would like additional information, you may contact the Practice at the address and telephone number listed above.