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NOTICE OF PRIVACY

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.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect January 1, 2022, and will remain in effect until we replace it.

We reserve the right 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 the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

For more information about our privacy practices, or to request a copy of our Notice, please contact us using the information listed on our website.

USES AND DISCLOSURES OF HEALTH INFORMATION

This office is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information." We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact our office at 928-428-1617.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION: Each time you are seen or treated at our Facility, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- Plan your care and treatment
- Communicate with other health professionals involved in your care
- Document the care you receive
- Educate students and health professionals
- Provide information for medical research
- Provide information to public health officials
- Evaluate and improve the care we provide
- Obtain payment for the care we provide

UNDERSTANDING WHAT IS IN YOUR RECORD AND HOW YOUR HEALTH INFORMATION IS USED HELPS YOU TO:

- Ensure it is accurate
- Better understand who may access your health information
- Make more informed decisions when authorizing disclosure to others

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU: The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.



FOR TREATMENT: We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, hygienists, or other Facility personnel who are involved in taking care of you at the Facility. Different departments of a Facility also may share health information about you in order to coordinate your care and provide medication, lab work, and x-rays. We may also disclose health information about you to people outside the Facility who may be involved in your medical care after you leave a Facility. This may include family members, or visiting nurses to provide care in your home.

FOR PAYMENT. We may use and disclose health information about you so that the treatment and services you receive at the Facility may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS. We may use and disclose health information about you for our day to day health care operations. For example, we may use health information for quality assessment and for developing and evaluating clinical protocols. We may also combine health information about many patients to help determine what additional services should be offered, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose case information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. We may remove information that identifies you so that the health information may be used to study health care delivery without learning the identities of patients. With your consent we may post your before and after photographs and general information about your case, including reviews submitted to our website.

OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION:

Providers and Business Associates. There are some services provided in our Facility through laboratories, pharmacies, and other specialists. We may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Treatment Alternatives. We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services and Reminders. We will contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. This contact will be through email to the address you provide, and/ or to the phone number you provided as your best contact number.

Family and Friends. Unless you object, we may disclose your protected health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We may do this if you tell us we can do so, or if you know we are sharing your information with these people and you do not object. If you are unavailable or unable to tell us your preference, we may also disclose your information if, based on our professional judgement, we believe that disclosing the information is in your best interest and you would not object. For example, we may assume you agree to the disclosure of your information to your spouse if your spouse comes with you into the exam room or you allow your spouse to pick up prescriptions, dental supplies, x-rays, etc.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can speak with the dental office for if you need more information on this subject.

As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety; Disaster Relief. We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.



Coroners, Medical Examiners and Funeral Directors. We may disclose your protected health information to a coroner or medical examiner to identify a deceased person or determine the cause of death or for other lawful activities. We may disclose to a funeral director, as necessary to allow him/her to carry out his/her duties.

Military and Veterans. If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Inmates. We may disclose your protected health information to a correctional institution (if you are an inmate) or a law enforcement official (if you are in that official's custody) as necessary (i) for the institution to provide you health care; (ii) to provide your or others' health and safety; or (iii) for the safety of the security of the correctional institution.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition.

Organ and Tissue Donation. If you are an organ or tissue donor, we may disclose your protected health information to organizations that handle organ procurement or organ, eye or tissue donation for transplantation.

Workers' Compensation. We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Reporting. Federal and state laws may require or permit the Facility to disclose certain health information related to the following:

Public Health Risks. We may disclose health information about you for public health purposes, including:

- Preventing or control of disease, injury or disability
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. 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. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discover request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Reporting Abuse, Neglect or Domestic Violence: We are obligated to notify the appropriate government agency if we believe a patient has been the victim of abuse, neglect or domestic violence. We may disclose health information when requested by a law enforcement official under certain circumstances.

OTHER USES OF HEALTH INFORMATION: Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU: We will not use your health information for marketing communications without your written authorization.



PATIENT RIGHTS Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding your health information:

Right to Inspect and Copy: With some exceptions, you have the right to review and copy your health information. *You must submit your request in writing. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.*

Right to Amend: If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Facility. *You must submit your request in writing. In addition, you must provide a reason for your request.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, is not part of the health information kept by us, or is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request itemized accounting of your records here such as for end of year accounting and taxes. This report will be sent electronically to the email address you provide or you may pick it up at Desert Bloom Dentistry.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy at any time. You may obtain a copy of this Notice at our website www.SaffordSmiles.com.

Changes to This Notice: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. A copy of the current Notice can be obtained at Desert Bloom Dentistry as well as on our website.

Right to Breach Notification. If we or one of our service providers improperly uses or discloses your protected health information in a way that compromises the privacy or security of that information (a “breach”), we will notify you as required by law.