



NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW CERTAIN HEALTH INFORMATION ABOUT YOU, AS A PATIENT OF THIS PRACTICE, MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In conducting our business, the doctors and staff of Main Street Dental ("MSD," "our" or "we") create records regarding you and the treatment and services that we provide to you. We are committed to abide by all applicable laws regarding the protection of your individually identifiable health information ("health information"). This notice is intended to provide information to you about our privacy practices, our legal duties, and your rights concerning your health information.

This notice is effective as of September 20, 2013 (the "Effective Date") and its scope applies to all records containing your health information that are retained or created by us after the Effective Date. We reserve the right to change our privacy practices and the terms of this notice at any time, and such new privacy practices will be effective for any records that we have created or maintained in the past or that we may create or maintain in the future. Before we make any material changes in our privacy practices, however, we will make our new notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

OUR USES AND DISCLOSURES OF HEALTH INFORMATION.

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

For Treatment: We may use your health information to provide you with dental treatment and related services. We may disclose your health information to other dental offices, dentists, physician offices, laboratories, providers, agencies, facilities, pharmacies, transport companies, family members, or other health care providers and their staff involved in providing health related treatment, services or care to you. For example, we may disclose your health information to a pharmacy to write a prescription for you. We may communicate with you about or recommend possible treatment options or alternatives that may be of interest to you. We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters) or informational or promotional materials such as practice newsletters.

For Payment: We may use and disclose your health information (e.g., x-rays, billing statements, etc.) to persons or entities (e.g., insurance companies, family members, third party payers, health plans) so that you (or we as the case may be) can be reimbursed for treatment and services we provide to you.

For Health Care Operations: We may use and disclose your health information for our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence of health care professionals, evaluating practitioner and provider performance, conducting educational or training



programs, accreditation, certification, licensing or credentialing activities or to detect or prevent health care fraud and abuse, contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal, tax, or business planning and development, business management and administration, promotional programs, the sale of all or part of MSD to another entity, underwriting, claims management and other insurance activities. We may disclose your health information to another health care provider or organization to support some of their health care operations.

Relatives, Caregivers and Personal Representatives: We may disclose your health information to a family member, friend, personal representative, or other person you identify that is involved in your dental or health care or with payment for your dental or health care. Unless you have otherwise provided us the authorization to do so, before we disclose your health information to such people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the even of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We may use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. We may use or disclose information about you to notify or assist in notifying a person involved in your care, of your location and general condition.

Health Related Benefits and Services: We may contact you about benefits or services that we provide.

Disaster Relief Efforts: We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

News Gathering Activities: We may contact you or one of your family members to discuss whether or not you want to participate in a media or news story (e.g., a news reporter working on a story about dental health may ask whether any patients undergoing some sort of specific dental treatment may be willing to interviewed).

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit, including without limitation, for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury; to report adult abuse, neglect, or domestic violence; to health oversight agencies; to coroners, medical examiners, and funeral directors; to an organ procurement organizations; to avert a serious threat to health or safety; in connection with certain research activities; and to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities.

As Authorized or Required By Law: We will disclose health information when authorized or required to do so by applicable law, including without limitation, in response to court and administrative orders and other lawful processes; to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person; to correctional institutions regarding inmates; and as authorized by state workers' compensation laws.

Lawsuits and Similar Proceedings: In connection with lawsuits or other legal proceedings, we may disclose health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose health information to courts, attorneys, and court employees in the course of litigation, arbitration, or other judicial or administrative proceedings.

Law Enforcement: If asked to do so by law enforcement, and as authorized or required by law, we may release medical information: to identify or locate a suspect, fugitive, material witness, or missing person; about a



suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death suspected to be the result of criminal conduct; about criminal conduct at MSD; and in case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine cause of death. We may also disclose medical information about patients of MSD to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

Fundraising: We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, texts, letters or emails).

Other Uses and Disclosures of Personal Health Information ("PHI"): Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

PATIENT RIGHTS

Your health information that we have created and maintain is the property of MSD. You have the following rights, however, regarding your health information that we maintain.

Right to Inspect and Copy: You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this notice for an explanation of our fee structure. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Right to Amend: You have the right to request that we amend your health information if you believe that the health information that we have about you is incorrect or incomplete. Your request must be in writing to the address identified at the bottom of this notice, and it must explain reasons that support your request to amend your health information. We may deny your request under certain circumstances (e.g., it is not in writing, does not have support for the request, asks that we amend information that is accurate or complete, was not created by MSD, etc.).



Right to Disclosure Accounting: You have the right to request a list of certain disclosures we have made of your health information. To request this accounting of disclosures, you must submit your request in writing to the address identified at the bottom of this notice. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Right to Request Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information for treatment, payment or healthcare operations. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). In your request, you must tell us: (1) what information you want us to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. We are not required to agree to your request. If we do agree, our agreement must be in writing signed by a person authorized to make such agreement on our behalf and we will endeavor to comply unless the information is needed to provide emergency treatment.

Right to Alternative Communication: You have the right to request that we communicate with you about your health information in a certain way or at a certain location. You must make your request in writing to the address identified at the bottom of this notice. You must specify in your request the alternative means or location, and provide satisfactory explanation how you will handle alternative payment under the alternative means or location you request. We will endeavor to comply with all reasonable requests.

Right to Copies of This Notice: You may request a paper copy of our notice and we will keep a current copy posted on our website located at www.msdmemphis.com. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Right to File A Complaint: You may contact the address listed at the bottom of this notice if you believe that we have violated your privacy rights, we made a decision about access to your health information incorrectly, our response to a request you made to amend or restrict the use or disclosure of your health information was incorrect, or we should communicate with you by alternative means or at alternative locations. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We will not penalize you on the basis of filing a complaint.

Right to Notification of a Breach: You will receive notifications of breaches of your unsecured protected health information as required by the law.

Electronic Notice: You may receive a paper copy of this Notice upon request, even if you have agreed to receive this notice electronically on our Web site or by electronic mail (email).

CONTACT INFORMATION

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below.

Main Street Dental

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Memphis, TN 38103
Phone: 901.527.0716
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