

HILL FAMILY DENTAL
Notice of Privacy Practices

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.

Our Legal Duty

Hill Family Dental is required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with notice of our legal duties and privacy practices
- Notify you following a breach of unsecured protected health information
- Follow the terms of this Notice currently in effect

Effective Date: February 16, 2026

This Notice will remain in effect until replaced.

We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by applicable law. Any changes will apply to all protected health information we maintain. When significant changes are made, we will update this Notice and post it clearly and prominently in our office. Copies will be available upon request.

You may request a copy of this Notice at any time.

How We May Use and Disclose Your Health Information

We may use and disclose your health information for the following purposes:

1. Treatment

We may use and disclose your health information to provide, coordinate, or manage your dental care and related services.

Example: We may share information with a dental specialist involved in your treatment.

2. Payment

We may use and disclose your health information to obtain payment for services provided to you. Payment activities may include:

- Billing and collections
- Claims submission and processing
- Eligibility and coverage determinations

Example: We may send a claim to your dental insurance plan that includes certain health information necessary for reimbursement.

3. Healthcare Operations

We may use and disclose your health information for our healthcare operations, including:

- Quality assessment and improvement
 - Staff training
 - Licensing and credentialing activities
 - Business management and administrative functions
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Individuals Involved in Your Care

We may disclose your health information to family members, friends, or others you identify as being involved in your care or payment for your care.

If a person has legal authority to make healthcare decisions on your behalf, we will treat that person as your personal representative.

Disaster Relief

We may disclose your health information to assist with disaster relief efforts.

Required by Law

We may use or disclose your health information when required to do so by federal, state, or local law.

Government and Regulatory Oversight

We may disclose your health information to:

- The U.S. Department of Health and Human Services (HHS) to investigate HIPAA compliance
- Military authorities under certain circumstances
- Federal officials for lawful intelligence or national security activities
- Correctional institutions or law enforcement officials with lawful custody

Public Health Activities

We may disclose your health information for public health purposes, including to:

- Prevent or control disease, injury, or disability
- Report child abuse or neglect
- Report reactions to medications or issues with medical products
- Notify individuals of recalls
- Notify individuals who may have been exposed to a disease
- Report suspected abuse, neglect, or domestic violence

Workers' Compensation

We may disclose PHI as authorized to comply with workers' compensation or similar programs.

Law Enforcement

We may disclose PHI as required by law, subpoena, court order, or other legal process.

Health Oversight Activities

We may disclose PHI to oversight agencies for:

- Audits
 - Investigations
Inspections
 - Licensure reviews
 - Government program monitoring
 - Civil rights compliance
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Judicial and Administrative Proceedings

If you are involved in a lawsuit or legal dispute, we may disclose your PHI in response to a court or administrative order or lawful process.

Research

We may disclose PHI to researchers when their study has been approved by an Institutional Review Board (IRB) or privacy board that ensures protection of your information.

Coroners, Medical Examiners, and Funeral Directors

We may release PHI to identify a deceased individual or determine cause of death, and to funeral directors as permitted by law.

Fundraising

We may contact you about practice-related fundraising activities. You may opt out of receiving such communications.

Specially Protected Information

Certain types of information may have additional protections under state or federal law, including:

- HIV-related information
- Genetic information

- Mental health records
- Substance use disorder treatment records (42 CFR Part 2)

If we receive records from a Part 2 Program, we will only use or disclose that information as permitted by law and your authorization.

We will never use or disclose Part 2 records in civil, criminal, administrative, or legislative proceedings against you without your consent or a court order.

Other Uses and Disclosures

We will obtain your written authorization before:

- Disclosing psychotherapy notes
- Using or disclosing PHI for marketing
- Selling PHI
- Using PHI for purposes not described in this Notice

You may revoke your authorization at any time in writing, except where we have already relied upon it.

Your Health Information Rights

1. Right of Access

You have the right to inspect and obtain copies of your health information.

- Requests must be made in writing
- You may request paper or electronic copies
- We may charge a reasonable, cost-based fee

If access is denied, you have the right to request a review.

2. Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures of your PHI.

- Requests must be made in writing
 - One accounting per 12-month period is free
 - Additional requests may incur a reasonable fee
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3. Right to Request Restrictions

You may request restrictions on the use or disclosure of your PHI.

We are not required to agree, except when:

- The disclosure is to a health plan for payment or operations
- The service was paid in full out-of-pocket

Requests must be made in writing and include:

- What information to limit
 - Whether to limit use, disclosure, or both
 - To whom the restriction applies
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4. Right to Request Alternative Communications

You may request that we communicate with you in a specific way or at a specific location.

Requests must be made in writing. We will accommodate reasonable requests.

5. Right to Amend

You may request that we amend your health information.

- Requests must be in writing
- Must include the reason for amendment

If denied, you will receive a written explanation and information about your rights.

6. Right to Notification of a Breach

You will be notified as required by law if your unsecured protected health information is breached.

7. Right to a Paper Copy

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Questions and Complaints

If you have questions about this Notice or our privacy practices, please contact us.

If you believe your privacy rights have been violated, you may:

- File a complaint with Hill Family Dental
- File a complaint with the U.S. Department of Health and Human Services

We will not retaliate against you for filing a complaint.

Privacy Official Contact Information

Hill Family Dental

Privacy Official: Reid Hill DDS

Telephone: (931) 388-3127

Address: 1506 Hatcher Lane, Columbia, TN 38401

Email: info@hillfamilydentaltn.com