Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Privacy Office — Highland Dental, PLLC
631 South Mt. Juliet Road
Mt. Juliet, TN 37122
(615) 754-6677

Effective date: November 1, 2026

This notice applies to Highland Dental, PLLC and explains how we use and share your dental and other protected health information. For questions about this notice, to exercise your privacy rights, or to make a privacy complaint, call or write to our Privacy Office using the contact information above.

At a glance

Your rights

You have the right to:

- Get a copy of your paper or electronic health record.
- Ask us to correct your health record.
- Request confidential communications.
- Ask us to limit the information we use or share.
- Get a list of certain disclosures of your information.
- Get a copy of this privacy notice.
- Choose someone who has legal authority to act for you.
- File a complaint if you believe your privacy rights have been violated.

Your choices

You have choices about sharing information with family or others involved in your care and for disaster relief. Written permission is required for marketing, most sharing of psychotherapy notes, and any sale of health information otherwise permitted by law. Tennessee law prohibits us from selling your name, address, or other identifying patient information. If we contact you for fundraising, you may tell us not to contact you again. These choices are explained later in this notice.

Our uses and disclosures

We may use and share your information to treat you, run our practice, and bill for your services. The law also permits or requires certain uses and disclosures for public health and safety, research, legal compliance, organ and tissue donation, work with a medical examiner or funeral director, workers' compensation and other government requests, and lawsuits or legal actions. The conditions and limits described in this notice apply.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

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.

Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your dental record and other health information we have about you. Ask us how to do this.
- We will provide a full copy of your record within 10 working days after we receive your written request, as Tennessee law requires. A summary does not replace your right to a full copy. We may charge a reasonable, cost-based fee permitted by applicable law.
- We will not withhold your dental records because you owe payment for dental services.

Ask us to correct your health record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way, such as at a home, office, or cell phone number, 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, if it could affect your care. If we agree to your request, we may still share this information if you need emergency treatment.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer for payment or our operations. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list, called an accounting, of the times we have shared your health information during the six years before the date you ask, who we shared it with, and why.
- We will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make. We will 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 it electronically. We will provide a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as through a medical power of attorney or legal guardianship, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights have been violated

- You can complain to our Privacy Office by calling (615) 754-6677 or writing to Privacy Office — Highland Dental, PLLC, 631 South Mt. Juliet Road, Mt. Juliet, TN 37122.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference in the situations below, talk to us. Tell us what you want us to do, and we will follow your instructions.

People involved in your care and disaster relief

You have both the right and the choice to tell us whether to:

- Share information with your family, close friends, or others involved in your care or payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

Uses that need your written permission

We never share your information for these purposes unless you give us written permission:

- Marketing purposes.
- Any sale of health information otherwise permitted by law.
- Most sharing of psychotherapy notes.

Tennessee law prohibits us from selling your name, address, or other identifying patient information. Your written permission does not authorize a disclosure prohibited by law.

Fundraising

- If we contact you for fundraising efforts, you can tell us not to contact you again.
- If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

How we typically use or share your health information

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A dentist treating you discusses relevant health information with another health care professional involved in your care.

Run our practice

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Other ways we may 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 must meet the conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

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.

Health research

We can use or share your information for health research when the applicable legal conditions are met.

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 are complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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 lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena, subject to the applicable legal conditions and the Part 2 restrictions described above.

Our responsibilities

When another applicable law requires greater privacy protection for your information, we follow that law.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have 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 in this notice unless you tell us we can in writing. If you give permission, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to 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 website.

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