

## NOTICE OF PRIVACY PRACTICES

**Effective Date: February 1, 2026**

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.

**1. OUR COMMITMENT TO YOUR PRIVACY** Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and related federal confidentiality laws, we are required by law to protect the privacy of your Protected Health Information (PHI), whether in electronic, oral, or paper form, and to provide you with this Notice of our legal duties and privacy practices.

We are required to comply with the terms of this Notice and reserve the right to make revisions to this policy at any time. Should revisions be made, you will be notified in writing, and a copy of the revised policy will be made available at your request.

We may be assessed a penalty for any misuse or unauthorized disclosures of your personal health information as regulated by HIPAA.

You may also obtain a current copy upon request. If a breach of your unsecured PHI occurs, we will notify you within 10 business days of our discovery in accordance with HIPAA regulatory requirements.

**2. TYPES OF HEALTH INFORMATION WE COLLECT** Your PHI includes information about your past, present, or future physical or mental health condition, the health care services provided to you, and the past, present, or future payment for those services.

**3. PERMISSIBLE USES AND DISCLOSURES OF YOUR PHI** We may use and disclose your PHI without your written authorization for the following purposes:

- **Treatment:** To coordinate or manage your health care services among health care providers.
- **Payment:** To obtain reimbursement for healthcare services provided to you.
- **Healthcare Operations:** For day-to-day activities such as quality assessment, case management, audit functions, customer service evaluations, resolution of grievances, and administrative activities.
- **Appointment Reminders and Treatment Alternatives:** To remind you about appointments or inform you about treatment alternatives or other health-related benefits and services.

We may de-identify your Personal Health Information by using codes or removing all individually identifiable health information.

**4. SUBSTANCE USE DISORDER (SUD) RECORDS AND LEGAL PROTECTIONS** If we receive or maintain Substance Use Disorder (SUD) records protected under 42 CFR Part 2, we must follow additional federal confidentiality protections beyond HIPAA.

- SUD records may only be used or disclosed for treatment, payment, or healthcare operations as permitted by Part 2 and HIPAA.

- These records may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or a court order is issued after proper legal procedures.
- You have the right to opt out of any fundraising communications related to care involving SUD records.

**5. REDISCLOSURE NOTICE** Health information that is disclosed to non-HIPAA-covered entities may no longer be protected under HIPAA and could be subject to redisclosure by the recipient.

**6. OTHER USES AND DISCLOSURES OF PHI** We must obtain your written authorization for any use or disclosure of PHI not described in this Notice, including:

- Use or disclosure of psychotherapy notes
- Use of PHI for marketing purposes
- Sale of PHI

You may revoke your authorization at any time in writing. We will honor your request except to the extent we have already taken action in reliance on it.

## **7. YOUR INDIVIDUAL RIGHTS**

- You have the right to request restrictions on uses and disclosures of your PHI. While we are not required to agree, we will comply with any approved restrictions.
- You have the right to request confidential communications.
- You have the right to inspect and obtain a copy of your PHI. If your records are maintained electronically, you may request an electronic copy.
- You have the right to request an amendment of your PHI.
- You have the right to receive an accounting of certain disclosures we have made of your PHI in the past six years.
- You have the right to a paper copy of this Notice, even if you have received it electronically.
- If you have paid for services out of pocket, in full, and request that we not disclose PHI related solely to these services to a health plan, we will abide by this request except where required by law to make a disclosure.

**8. COMPLAINTS** If you believe your privacy rights have been violated, you may file a formal written complaint with our office or with the U.S. Department of Health & Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

**9. CONTACT INFORMATION** If you have any questions regarding your privacy rights or access to your personal information, please contact us at the following:

**Practice Name:** Shine Pediatric Dentistry and Orthodontics

**HIPAA Compliance Contact:** Michael Seelig DMD, MS

**Practice Number:** 615-442-7775

**Practice E-mail:** [admin@shinepdo.com](mailto:admin@shinepdo.com)

**10. NEW PATIENT RIGHTS UNDER HIPAA (2026 UPDATES)** You have the right to access your Protected Health Information (PHI) promptly and at a lower cost. You may also direct that your PHI be sent to a third party (such as another provider, caregiver, or personal representative) in an electronic format.

**11. ACCESS TO YOUR RECORDS** You have the right to inspect your PHI in person, including taking notes or capturing images using your own device. You will be provided access to your PHI within 15 calendar days of your request. One 15-day extension is permitted if necessary.

**12. DISCLOSURES FOR CARE COORDINATION** We may disclose your PHI to social services agencies, community-based organizations, or similar third parties for purposes of care coordination and case management, without requiring your individual authorization.

**13. NO SIGNATURE REQUIRED TO ACKNOWLEDGE NPP** You are not required to sign any form acknowledging that you received this Notice. However, this Notice will always be available to you in writing and electronically upon request.

**14. REPRODUCTIVE HEALTH PRIVACY PROTECTIONS** Your health information related to reproductive health care will not be disclosed to law enforcement, government officials, or others for use in any criminal, civil, or administrative investigations or proceedings against you, your health care provider, or others for seeking, obtaining, providing, or facilitating lawful reproductive health care. This includes services such as:

- Contraception
- Pregnancy care
- Fertility treatments
- Abortion
- Miscarriage management
- Other related reproductive services that are lawful in the state where they are provided

We are committed to protecting the privacy of your reproductive health information and will not disclose such information unless required by federal law and after meeting all applicable legal standards.

**15. HOW TO FILE A COMPLAINT** If you believe your privacy rights have been violated, you may file a formal complaint with our office at the contact listed above in Item Number 9 or with the U.S. Department of Health & Human Services, Office for Civil Rights (OCR). You may contact OCR at:

**Website:** <https://www.hhs.gov/ocr/privacy/hipaa/complaints/> **Phone:** 1-800-368-1019 | TTY: 1-800-537-7697 **Email:** [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)

You will not be retaliated against for filing a complaint.

