

JARESS FAMILY DENTISTRY, P.C. NOTICE OF PRIVACY PRACTICES.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

Effective Date: September 8, 2026. This Notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Jaress Family Dentistry, P.C. is committed to protecting the privacy and security of your protected health information ("PHI"). This Notice explains your rights regarding your health information, our responsibilities, and the ways in which we may use and disclose your information.

YOUR RIGHTS: You have rights regarding your health information. This explains those rights and our responsibilities to help you exercise them.

Get a Copy of Your Paper or Electronic Dental Record: You may ask to see or obtain a copy of your dental and health records and other health information we maintain about you. Your request must be made in writing. We will provide a copy or summary of your information, usually within 30 days of your request, as permitted by law. We may charge a reasonable, cost-based fee as permitted by applicable law.

Ask Us to Correct Your Dental Record: You may ask us to correct health information about you that you believe is incorrect or incomplete. Your request must be made in writing and should include the reason for your request. We may deny your request under certain circumstances, but if we do, we will provide you with a written explanation.

Request Confidential Communications: You may ask us to contact you at a different mailing address or phone number. We will consider all reasonable requests and must agree to your request when required by law.

Ask Us to Limit What We Use or Share: You may ask us not to use or share certain health information for treatment, payment, or our health care operations. We are not required to agree to your request, except in certain circumstances required by law. If you pay for a service or health care item in full out-of-pocket and request that we not disclose that information to your health plan for purposes of payment or health care operations, we will honor that request unless we are required by law to disclose the information.

Get a List of Certain Disclosures: You may ask for a list of certain times we have shared your health information. This list will not include disclosures made for treatment, payment, health care operations, or certain other disclosures permitted by law. Your request must be made in writing and may cover a period of up to six years before the date of your request, as permitted by law.

Get a Copy of This Notice: You may request a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian or personal representative, that person may exercise your rights and make choices about your health information to the extent permitted by law. We will verify that the person has the appropriate authority before taking action.

File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with Jaress Family Dentistry, P.C. using the contact information listed at the end of this Notice. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

YOUR CHOICES: For certain health information, you have choices regarding how we use and share your information.

Family, Friends, and Others Involved in Your Care: Unless you object, we may share relevant health information with family members, friends, or others involved in your care or payment for your care. If you cannot communicate your preferences, such as during an emergency, we may use our professional judgment to determine whether sharing information is in your best interest.

Appointment Reminders and Health-Related Services: We may contact you to remind you about appointments or to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you. We may contact you by telephone, voicemail, text message, mail, or other reasonable methods of communication consistent with applicable law and your communication preferences.

Marketing/Fundraising: We will not use or disclose your health information for marketing or fundraising purposes when your written authorization is required by law. We will not sell your health information without your written authorization.

OUR USES AND DISCLOSURES: We typically use or share your health information in the following ways.

Treatment: We may use your health information and share it with other health care professionals who are treating you. **Example:** We may share information with a physician, specialist, dental laboratory, pharmacy, or another dental provider involved in your care.

Payment: We may use and disclose your health information to bill and receive payment for the services we provide. **Example:** We may submit information to your dental insurance company to determine benefits, obtain authorization, process claims, or receive payment.

Health Care Operations: We may use and disclose your health information to operate and improve our dental practice, improve the quality of care, train staff, and manage our business. **Example:** We may review patient records to evaluate the quality of care provided by our dental professionals or to improve office procedures.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW: We may use or share your health information in other situations when permitted or required by law. In these situations, we generally must meet legal requirements before sharing your information.

Public Health and Safety: We may share health information about you in certain situations, including:

- To prevent or control disease;
- To report adverse reactions to medications or products;
- To report suspected abuse, neglect, or domestic violence when required or permitted by law;
- To help prevent or reduce a serious threat to the health or safety of you or another person; or
- For certain public health or safety purposes authorized by law.

Health Oversight Activities: We may share your information with health oversight agencies for activities authorized by law, including audits, investigations, inspections, licensing, and other regulatory activities.

Legal Proceedings and Law Enforcement: We may share health information when required by law or in response to certain valid legal processes, including court orders, subpoenas, or other lawful requests, as permitted by applicable law.

Government Functions: We may share health information for certain government functions, including military and veterans activities, national security, intelligence activities, and protective services for authorized government officials, when required or permitted by law.

Workers' Compensation and Other Legal Requirements: We may share health information for workers' compensation claims, law enforcement purposes, and other purposes required or permitted by law.

Coroners, Medical Examiners, and Funeral Directors: We may share health information with coroners, medical examiners, or funeral directors when authorized by law.

ADDITIONAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS: Certain substance use disorder ("SUD") patient records are subject to additional federal confidentiality protections under 42 CFR Part 2. If Jaress Family Dentistry, P.C. creates, receives, or maintains SUD patient records that are subject to 42 CFR Part 2, those records may be subject to additional restrictions beyond those generally applicable under HIPAA. Where applicable, we may use and disclose Part 2 records for treatment, payment, and health care operations as permitted by federal law and applicable patient consent. However, Part 2 records, or testimony relaying the contents of those records, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless permitted by applicable federal law, including when based on appropriate written consent or a qualifying court order. A court order authorizing the use or disclosure of Part 2 records must meet applicable legal requirements. Where required by law, a court order must be accompanied by a subpoena or other legal requirement compelling disclosure before we use or disclose the requested record. We will apply the protections required by applicable federal and state law to substance use disorder records subject to 42 CFR Part 2.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION: Other uses and disclosures of your health information not described in this Notice generally will be made only with written authorization when required by law. You may revoke your authorization in writing any time. Your revocation will not affect any use or disclosure already made in reliance on your authorization before we received your written revocation.

OUR RESPONSIBILITIES: Jaress Family Dentistry, P.C. is required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you with notice of our legal duties and privacy practices regarding your health information;
- Follow the terms of the Notice currently in effect;
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your protected health information; and
- Comply with applicable federal and state laws governing the use and disclosure of health information.
- We will not use or share your information other than as described in this Notice unless you provide written authorization when authorization is required by law. If you provide authorization, you may change your mind at any time by notifying us in writing

CHANGES TO THIS NOTICE: We reserve the right to change the terms of this Notice and to make the revised Notice effective for all health information we maintain. If we make material changes to our privacy practices, the revised Notice will be made available upon request and posted in our office. If we maintain a website that provides information about our services, the current Notice will also be made available on that website.

QUESTIONS OR COMPLAINTS: If you have questions about this Notice, our privacy practices, or your rights, or if you wish to file a complaint:

Privacy Officer: Dr. Amber Jaress

Practice: Jaress Family Dentistry, P.C.

Telephone: 574-533-0722

Fax: 574-534-2333

Email: jaressfamilydentistry@gmail.com

Address: 1934 W. Lincoln Ave.

Goshen, IN 46526

You may also file a complaint with the: **U.S. Department of Health and Human Services Office for Civil Rights.** We will not retaliate against you for filing a complaint.