SMILE DESIGN CENTER

Notice of Privacy Practices

Effective date: November 24, 2026 · Replaces our notice dated April 11, 2003

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.

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 a copy of your dental 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 copy or a summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your 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'll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, by cell phone or text instead of a home phone) 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, and we may say "no" if it would affect your care. If you pay for a service or 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 it.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to 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 others (such as any you asked us to make). We'll 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. It is also posted on our website.

Choose someone to act for you

If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting our Privacy Officer (see the end of this notice). You can also 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 www.hhs.gov/ocr/privacy/hipaa/complaints/. 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 for how we share your information in the situations below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care or in paying 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 go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes, including using your photos on our website, social media or advertising

- Sale of your information

We do not conduct fundraising.

Our Uses and Disclosures

Treat you
We can use your health information and share it with other professionals who are treating you. *Example: A physician or oral surgeon treating you asks us about your dental condition, or we send records to a dental lab making your crown.*

Run our practice
We can use and share your health information to run our practice, improve your care and contact you when necessary — for example, to send appointment reminders by phone, text, email, voicemail or mail.

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 dental insurance plan so it will pay for your services.*

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; and preventing or reducing a serious threat to anyone's health or safety.

Do research
We can use or share your information for health research, as permitted by law.

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're 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; and 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.

Substance use disorder treatment records. If we receive or keep records about you from a substance use disorder treatment program covered by federal law (42 CFR Part 2), the uses and disclosures described in this notice may be more limited for those records. We will not use or share them, or testimony about their contents, in any civil, criminal, administrative or legislative proceeding against you unless you give written consent or a court orders it after giving you notice and an opportunity to be heard, together with a subpoena or similar legal requirement.

Our Responsibilities

- 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 here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- New Hampshire law may give you more protection than federal law in some cases. When it does, we follow the more protective law.

Changes to the Terms of 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.

Contact Our Privacy Officer

Anya Bondar, RN, Privacy Officer · Smile Design Center, Pease International Tradeport, 15 Rye Street, Suite 115, Portsmouth, NH 03801 · (603) 427-0043 · info@yoursmiledesign.com

SMILE DESIGN CENTER

Acknowledgment of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgment.

I, _____, have received a copy of this office's Notice of Privacy Practices.

_____

Signature of patient, parent or guardian

_____

Relationship to patient (if not the patient)

_____

Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- ☐ The individual refused to sign
- ☐ Communication barriers prevented obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining the acknowledgment
- ☐ Other (please specify):

_____

_____

_____ _____

Staff member Date