Notice of Privacy Practices

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.**

If you have any questions about this Notice, please contact our Privacy Officer or any staff member in our office.

Practice Privacy Officer: Adam D. Fusco, DMD **Contact:** 931-484-1759

HIPAA Privacy and Security Resource: David Wornica, CHPSE

Contact: 469-342-8300 ext. 628

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) under federal law, including the Health Insurance Portability and Accountability Act (HIPAA), and applicable Tennessee confidentiality laws. It explains your rights, our responsibilities, and how federal and Tennessee law work together to protect your privacy.

We are required by law to maintain the privacy and security of your information, to provide you with this Notice, and to follow the terms of this Notice. We may change the terms of this Notice at any time. Any revised Notice will apply to all information we maintain and will be available upon request, in our office, or on our website.

A. USES AND DISCLOSURES OF INFORMATION

Uses and Disclosures Based on Your Implied Consent

When you receive care in our office, you imply consent for us to use and disclose your information for the following purposes, as permitted by HIPAA and Tennessee law.

1. **Treatment** We may use and disclose your information to provide, coordinate, or manage your care. Examples include:
    - Sharing records, X-rays, or chart notes with specialists.
    - Sending treatment specifications to laboratories.
    - Communicating with pharmacies regarding prescriptions.
    - Coordinating follow-up care with other providers.

2. **Payment** We may use and disclose your information to obtain payment for services, including:
    - Submitting claims to health or dental plans.
    - Verifying coverage and eligibility.
    - Obtaining prior authorizations.
    - Responding to utilization review requests.
3. **Health Care Operations** We may use and disclose your information for practice operations, such as:
    - Quality improvement activities and staff training.
    - Licensing, accreditation, and compliance.
    - Use of sign-in sheets or calling your name in the waiting area.
    - *Example:* Limited information may be disclosed to interns or students involved in your care.
4. **Business Associates** We may disclose your information to third-party "Business Associates" (billing services, IT support, secure data storage). These associates are required by law to protect your information.
5. **Appointment Reminders and Communications** We may contact you by phone, text, email, or mail regarding appointments or health-related services. You may request alternative communication methods.

Uses and Disclosures Requiring Your Written Authorization

Certain uses require your written authorization, including:

- Marketing communications not conducted face-to-face.
- The sale of your information.
- Most disclosures of psychotherapy notes.
- Disclosures to employers or third parties not involved in your care.

Uses and Disclosures With Your Opportunity to Object

- **Family and Friends:** Unless you object, we may share information with those involved in your care or payment.
- **Disaster Relief:** We may disclose limited information to disaster relief organizations. If you are unable to object, we will use professional judgment.

Uses and Disclosures Without Your Consent or Authorization

We may disclose information without consent for: Required by Law, Public Health Activities, Abuse/Neglect Reporting, Health Oversight, Judicial Proceedings, Law Enforcement, Coroners, Organ Donation, Workers' Compensation, and National Security.

B. SPECIAL PROTECTIONS

Substance Use Disorder Records

Records protected under **42 CFR Part 2** have additional protections. We will not use these records in legal proceedings against you unless permitted by law, your written consent, or a specific court order.

Reproductive Health Information

We will not disclose reproductive health information for the purpose of investigating or imposing liability on an individual for seeking or providing lawful reproductive health care.

C. YOUR RIGHTS

You have the following rights regarding your PHI:

- **Inspect and Copy:** Review or obtain a copy of your records.
- **Request Restrictions:** Request limits on certain uses (not always required to be honored).
- **Confidential Communications:** Request alternative contact methods.
- **Amendment:** Request corrections to your records.
- **Accounting of Disclosures:** Request a list of certain disclosures from the past six years.
- **Paper Copy:** Request a physical copy of this Notice at any time.
- **Breach Notification:** Be notified if a security breach occurs.

D. OUR RESPONSIBILITIES & COMPLAINTS

We are required to maintain your privacy, notify you of breaches, and follow the more protective rule when federal and Tennessee laws differ.

Complaints: If you believe your rights have been violated, contact our **Privacy Officer** or the **U.S. Department of Health and Human Services**. We will not retaliate against you for filing a complaint.

Effective Date: February 16, 2026