Notice of Privacy Practices

Simply Smile Family & Cosmetic Dentistry PLLC · 5215 Monticello Ave, Ste 110, Williamsburg, VA 23188 · 757-231-7831

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.

Our duties

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Give you this notice of our legal duties and privacy practices
- 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 information

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 us permission, you may change your mind at any time in writing.

How we use and share your information

We may use and share your health information without your written authorization for the following purposes:

- **Treatment.** To provide and coordinate your dental care. *Example: sharing x-rays with a specialist or sending impressions and photos to a dental laboratory.*
- **Payment.** To bill and get paid for your care. *Example: sending treatment information to your dental insurance to verify benefits or submit a claim.*
- **Health care operations.** To run our practice and improve care. *Example: quality reviews, staff training, and audits.*
- **Appointment reminders and treatment options.** To contact you by phone, text, email or mail about appointments, recall visits, and treatment options or health-related services that may interest you.
- **Business associates.** With companies that perform services for us, such as billing, IT support or dental software providers. They must sign an agreement to protect your information.

Your choices

For certain information, you can tell us your choices about what we share, and we will follow your instructions. You have the right and choice to tell us whether to:

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

If you sign our Authorization for Accompanying Adults, we will share information with the people described in that form as you direct.

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.

We do not use your information for fundraising.

Other uses and disclosures allowed by law

We may also share your information without your authorization when the law allows or requires it, including:

- **As required by law**, including federal, state or local law
- **Public health and safety**, such as reporting disease, injury, adverse reactions to products or medications, and preventing a serious threat to health or safety
- **Abuse, neglect or domestic violence**, reported to government authorities as required by law
- **Health oversight**, such as audits, investigations, inspections and licensing by agencies like the Virginia Board of Dentistry
- **Lawsuits and legal proceedings**, in response to a court order, subpoena or other lawful process
- **Law enforcement**, for limited purposes such as responding to a warrant or identifying a suspect or missing person
- **Coroners, medical examiners and funeral directors**, including dental identification
- **Organ and tissue donation, and research** approved under privacy safeguards
- **Military and veterans**, as required by military command authorities if you are a member of the armed forces
- **National security and protective services** for the President and others

- **Workers' compensation**, as allowed by state law

Virginia law. If Virginia law provides greater privacy protection than federal law, we will follow the stricter law.

Substance use disorder records. If we receive records protected by federal law (42 CFR Part 2) from a substance use disorder treatment program, those records have additional protections. They may not be used or disclosed in any civil, criminal, administrative or legislative proceeding against you without your written consent or a court order that meets Part 2 requirements.

Uses that require your written authorization

We will **never** do the following without your written permission:

- Use your information for **marketing**, including posting your photos, testimonials or treatment results on social media, our website or advertising
- **Sell** your health information
- Share **psychotherapy notes**
- Any other use or disclosure not described in this notice

You may revoke an authorization at any time in writing, except to the extent we have already acted on it.

Your rights

You have the right to:

- **See and get a copy of your records.** Ask us in writing for a paper or electronic copy of your dental record. We will respond within 30 days and may charge a reasonable, cost-based fee.
- **Ask us to correct your records.** If you believe information is incorrect or incomplete, ask in writing. We may say no, but we will tell you why in writing within 60 days.
- **Request confidential communications.** Ask us to contact you in a specific way, such as a different phone number or address. We will agree to reasonable requests.
- **Ask us to limit what we use or share.** We are not required to agree, except: if you pay for a service in full out of pocket, you may ask us not to share that information with your health insurer, and we will agree unless the law requires us to share it.
- **Get a list of those we have shared information with.** Ask for an accounting of disclosures for up to 6 years before your request, excluding treatment, payment and operations and certain other disclosures. One list per year is free.
- **Get a paper copy of this notice** at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** A parent, legal guardian or person with medical power of attorney may exercise your rights. We will confirm their authority first.
- **Be notified of a breach** that affects your information.

Changes to this notice

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be posted in our office and on our website, and a copy will be available on request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **Our office:** Privacy Officer Dr. Amber R. Hogan, Simply Smile Family & Cosmetic Dentistry PLLC, 5215 Monticello Ave, Ste 110, Williamsburg, VA 23188 · 757-231-7831
- **HHS Office for Civil Rights:** 200 Independence Avenue SW, Washington, DC 20201 · 1-877-696-6775 · file online through the OCR Complaint Portal at www.hhs.gov/ocr/privacy/hipaa/complaints

We will not retaliate against you for filing a complaint.

Contact

For questions about this notice or to exercise your rights, contact our Privacy Officer, Dr. Amber R. Hogan, at 757-231-7831.

Effective date: August 1, 2025 · **Revised:** November 10, 2026