NOTICE OF PRIVACY PRACTICES

Brookside Dental Care* 306 Wrights Lane *Prestonsburg Ky 41653

This notice describes how your health information may be used and disclosed and how you can access it. Please read it carefully.

Patients under 18 must have a parent or legal guardian sign on their behalf.

We are required by law to protect the privacy of your health information, provide you with this notice, and notify you if there is a breach of your unsecured health information. We must follow the terms of this notice while it is in effect.

Protected Health Information (PHI) is any information that identifies you and relates to your health, care, or payment for care — including your name, contact details, treatment records, and billing information. We maintain physical, electronic, and procedural safeguards to protect your PHI.

How We May Use and Share Your Information

Treatment. We may share your PHI with other providers involved in your care. Example: sharing records with an oral surgeon before a referral. We may also use secure, HIPAA-compliant AI clinical tools (operating under Business Associate Agreements) to assist with treatment planning, diagnostic support, or documentation. These tools operate under our supervision and do not replace our personal judgment.

Payment. We may use or share your PHI to bill and collect payment for services — including submitting claims and obtaining approvals from your insurance or benefit provider.

Healthcare Operations. We may use or share your PHI to run our practice, including quality reviews, staff training, credentialing, legal compliance, and scheduling. We may call your name in the waiting room or use a sign-in sheet.

Business Associates. We share PHI with vendors who perform services for us (such as sending appointment reminders). They are contractually and legally required to protect your information. By providing your phone number or email, you agree to receive appointment reminders by text or email, including voicemails.

As Required by Law. We may disclose PHI when required by federal or state law — including court orders, law enforcement requests, public health reporting, disease control, abuse or neglect reporting, workers' compensation, and national security purposes.

Family and Caregivers. We may share relevant information with a family member or caregiver involved in your care, unless you instruct us otherwise.

Special Protections. Certain information receives additional legal protection, including HIV/AIDS, mental health, substance use disorder (SUD), alcohol and drug abuse, sexually transmitted diseases, reproductive health, and abuse/neglect records. We will follow stricter state or federal laws where they apply and will not release SUD information for use against you without your written permission.

What We Will Never Do

We will not sell your information, use it for marketing, or use it for fundraising without your written authorization.

Your Rights

Get a copy of your records. You may request copies of your health records. A reasonable fee may apply.

Request a correction. You may ask us to correct information you believe is inaccurate. If we cannot alter the record, we will add a notation reflecting your request. If we deny your request, you may file a statement of disagreement.

Request restrictions. You may ask us to limit how we use or share your information. We are not required to agree, but will do so when reasonable. For divorced parents of a minor patient, we will follow the terms of the divorce decree.

Request confidential communications. You may ask us to contact you in a specific way or at a different address. We will honor all reasonable requests. You may also request a paper copy of this notice at any time.

Get a list of disclosures. You may request an accounting of certain disclosures we have made in the past six years (excluding disclosures for treatment, payment, operations, or those made with your authorization).

Authorize someone to act for you. If you have granted medical power of attorney or have a legal guardian, that person may exercise your rights on your behalf.

Tell us your preferences. You may instruct us on sharing your information with family or friends involved in your care, or in a disaster relief situation. In an emergency, we may share information if we believe it is in your best interest.

Changes to This Notice

We reserve the right to change this notice. Any revised notice will apply to all PHI we maintain. Updated notices will be available in our office and upon request.

How to File a Complaint

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

Privacy Officer: Bryan Griffith DMD — 606-874-9311

HHS Office for Civil Rights: www.hhs.gov/ocr/privacy/hipaa/complaints

---

Effective Date: February 10, 2026

ACKNOWLEDGEMENT OF RECEIPT

My signature below confirms only that I have received this Notice of Privacy Practices.

Print Name: _____ Date:_____

Signature: _____ Date of Birth: _____

Relationship to Patient (if signing for a minor): _____