

NOTICE OF PRIVACY PRACTICES

Augusta Endodontic Center

3636 Wheeler Road

Augusta, GA 30909

Effective Date: February 16, 2026

This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Commitment to Your Privacy

We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices. This notice takes effect on the date set forth at the top of this page and will remain in effect unless we replace it. We reserve the right at any time to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law.

How We May Use and Disclose Your PHI

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your dental and endodontic care. This includes the coordination or management of your dental care with a third party that has already obtained your permission to have access to your protected health information. For example, your health information may be disclosed to an oral surgeon to determine whether surgical intervention is needed.

Payment: We may use and disclose PHI to obtain payment for your dental services. This may include certain activities that your dental insurance plan may undertake before it approves or pays for the dental services we recommend for you such as making determination of eligibility or coverage for insurance benefits. For example, your insurance plan may request and receive information on dates that you received services at our facility in order to allow your insurance to verify and process your insurance claim.

Health Care Operations: We may use PHI for quality improvement, staff training, compliance, and administrative purposes.

Appointment Reminders: We may contact you by phone, text, or email regarding appointments or treatment information.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify your protected health information that directly relates to that person's involvement in your dental care. If you are unable to agree or object to such a disclosure, we may disclose such information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care.

Emergencies: We may disclose your protected health information in an emergency treatment situation in order to treat you.

Substance Use Disorder Treatment Information (42 CFR Part 2): In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order

In addition, we may call you by name in the waiting room when the doctor is ready to see you.

We may use or disclose your protected health information in the following situations without your consent or authorization.

As Required by Law, Public Health, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, and Organ Donation, Criminal Activity, Military Activity, Inmates and National Security:

Required Uses and Disclosures: Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance.

Your Rights: You have the right to inspect and obtain a copy of your PHI, request an amendment, request restrictions, request confidential communications, receive an accounting of disclosures, and obtain a paper copy of this Notice.

Our Duties: We are required to maintain the privacy of your PHI, provide this notice, follow its terms, and notify you of any breach of unsecured PHI.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or you may also submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC, 20201. You may contact the Office for Civil Rights' hotline at 1-800-368-1019. We support your right to privacy of your medical information. We will not retaliate against you for filing a complaint.