

All About Smiles Family Dental

NOTICE OF PRIVACY PRACTICES

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.

This notice takes effect on January 1, 2026.

This Notice describes the privacy practices of STEVEN GOACHER, DDS, PLLC, and his employees are dedicated to maintaining the privacy of your **Protected Health Information** ("PHI") and **Personally Identifiable Information** ("PII"), which is information that identifies you and relates to your physical or mental health condition. Applicable federal and state laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning PHI/PII. We are required: (i) make sure your health information is protected; (ii) give you this Notice describing our legal duties and privacy practices with respect to your health information; and (iii) follow the privacy practices described below while this Notice is in effect.

HOW WE MAY USE AND DISCLOSE YOUR PHI/PII

Permitted Uses and Disclosures of PHI/PII. We may use or disclose your PHI/PII for the following reasons:

Treatment. We may disclose your PHI/PII to a physician or other health care provider providing treatment to you. For example, we may disclose medical information about you to specialists, physicians, nurses, technicians or personnel who are involved with the administration of your care.

Payment. We may disclose your PHI/PII to bill and collect payment for the services we provide to you. For example, we may send a bill to you or to a third-party payor for the rendering of services by us. The bill may contain information that identifies you, your diagnosis, procedure(s) and supplies used. We may also disclose PHI/PII to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI/PII to our business associates, such as billing companies, claim processing companies and others that process dental care claims.

Health Care Operations. We may disclose your PHI/PII in connection with our Dental Care Operations. Dental Care Operations include quality assessment activities provided by business associates, reviewing the competence or qualifications of Dental Care professionals, evaluating provider performance, training dental care and non-dental care professionals, and other business operations. For example, we may use your PHI/PII to evaluate the performance of the Dental Care services you received. We may also provide your PHI/PII to accountants, attorneys, consultants and others to make sure we comply with the laws that govern us.

Emergency Treatment. We may disclose your PHI/PII if you require emergency treatment or are unable to communicate with us.

Personal Representatives. We may disclose your PHI/PII to a legally authorized person to act on your behalf, such as a

parent, legal guardian, administrator or executor of your estate, or other individual authorized under applicable law.

Family and Friends. We may disclose your PHI/PII to a family member, friend or any other person as directed by you or who you identify as being involved with your care or payment for care, unless you object.

Required by Law. We may disclose your PHI/PII for law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect or domestic violence; to report certain injuries such as gunshot wounds; or to disclose PHI/PII to assist law enforcement in locating a suspect, fugitive, material witness or missing person. We will inform you and/or your representative if we disclose your PHI/PII because we believe you are a victim of abuse, neglect or domestic violence, unless we determine that informing you and/or your representative would place you at risk. In addition, we must provide PHI/PII to comply with an order in a legal or administrative proceeding. Finally, we may be required to provide PHI/PII in response to a lawsuit or dispute, court order, administrative order, subpoena or other lawful process, but only if efforts have been made, by us or the requesting party, to contact you about the request (which may include written notice) or to obtain an order to protect the requested PHI/PII.

Serious Threat to Health or Safety. We may disclose your PHI/PII if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.

Public Health. We may disclose your PHI/PII to public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data.

Worker's Compensation. We may disclose your PHI/PII to comply with laws relating to workers' compensation or other similar programs.

Specialized Government Activities. If you are active in the military or a veteran, we may disclose your PHI/PII as required by military command authorities. We may also be required to disclose PHI/PII to authorize federal officials for the conduct of intelligence or other national security activities.

Direct Contact with You. We may use your PHI/PII to contact you to remind you that you have an appointment, or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Substance Use Disorder (SUD) Information. Although we are not a substance use disorder treatment program under federal law (a "SUD Program"), we may receive information from a SUD Program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

Use of unsecure electronic communications. If you choose to contact us through unsecure methods, such as regular email or text message, we may reply using the same method and to the same email address or number you provided. Your health care provider may use this email address or numbers to send appointment reminders, surveys, or other general information. For your convenience, these messages may be sent unencrypted.

Please be aware that unsecure communications carry risks, including interception, misdelivery, shared accounts,

forwarding, or storage on unsecured devices. By using these methods, you acknowledge and accept these risks.

Disclosures Requiring Written Authorization.

Not Otherwise Permitted. In any other situation not described in Section A above, we may not disclose your PHI/PII without your written authorization.

Marketing and Sale of PHI. We must receive your written authorization for any disclosure of PHI/PII for marketing purposes or for any disclosure which is a sale of PHI/PII.

Your Rights

Right to Receive Paper Copy of This Notice. You have the right to receive a paper copy of this Notice upon request.

Right to Access PHI/PII. You have the right to inspect and copy your PHI/PII for as long as we maintain your dental record. You must make a written request to the practice administrator at the address listed at the end of this Notice. We may charge you a reasonable fee for the processing of your request and the copying of your dental record pursuant to state law.

Right to Request Restrictions. You have the right to request restrictions on the use or disclosure of your PHI/PII for the purpose of treatment, payment or dental care operations, except for in case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of our care. However, we are not legally required to agree to such restriction.

Right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. If you want us to communicate with you in a special way, you will need to give us details about how to contact you. You also will need to give us information as to how billing will be handled. WE will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Amendment. You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to Notice of Breach. You have the right to be notified if we or one of our business associates become aware of a breach of our unsecured PHI/PII.

Changes to this Notice. We reserve the right to change this Notice at any time in accordance with applicable law. Prior to a substantial change to this Notice related to the uses or disclosures of your PHI/PII, your rights or our duties, we will revise the distribution of this Notice.

Acknowledgement of Receipt of Notice. We will ask you to sign an acknowledgment that you received this Notice.

QUESTIONS AND COMPLAINTS

If you have any questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your PHI/PII, you may file a complaint with our Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights ("OCR") if you believe your privacy rights have been violated by our office. **You will not be penalized for filing a complaint.** Please direct any of your questions or complaints to our Privacy Officer:

**All About Smiles Family Dental
Steven Goacher, DDS, PLLC
1171 Hwy 62 412, Ash Flat, AR 72513
(870)994-7645**

Complaints to the OCR may be made electronically via the OCR Complaint Portal; using the OCR Complaint Form by mail, fax, or e-mail; or by phone, using the following contact information.

U.S. Department of Health and Human Services
Office for Civil Rights
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 515 HHH Bldg.
Washington, D.C. 20201
Email: OCRComplaint@hhs.gov
Voice Phone (800)368-1019
Fax (202)619-3818