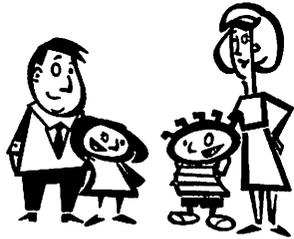


THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US



Providing comprehensive and cosmetic dental care for you and your family.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we received or created before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

Healthcare Operations: We may use and disclose your health information in connection with any and all activities required for the operation of our office. Employees will use your health information as necessary for your treatment. We may also use and disclose your health information to a physician or other health care provider in connection or conjunction with providing treatment to you.

Payment: We may use and disclose your health information to obtain payment from you, your insurance company, or any third party responsible for your account.

Your Family and Friends: We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare. You may request we do not disclose to anyone you do not wish to have your information. You may authorize, in written form, permission for us to use or disclose you health information to anyone for any reason. You may also revoke, in written form, authorization to disclose your health information to anyone you do not wish to have your information. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, or similar forms of health information.

Required by Law: We disclose your health information when we are required to do so by law.

Abuse and Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders such as postcards, voicemail messages, answering machine messages, or letters.

Patient Rights

Access: You have the right to look at or get copies of your health information. By law, we must keep the original health information and x-rays.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. All requests must be made in writing. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement.

Alternative Communication: You have the right to request, in writing, that we communicate with you about your health information by alternative means or to alternative locations. Your request

must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.