



## **NOTICE OF PRIVACY PRACTICES**

This notice of privacy practices (“Notice”), effective as of February 15, 2026, (the “Effective Date”) describes how Beechmont Smiles (“we” or “us”) may use and disclose your protected health information, and how you can get access to this information. Please review it carefully.

### **Our Responsibilities:**

We are required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices, and to notify you following a breach of unsecured protected health information. We are required to follow our privacy practices described in this Notice while it is in effect. This Notice takes effect on the Effective Date listed above and remains in effect until it is replaced. 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, and to make the revised Notice effective for all patients’ protected health information that we maintain. If we make a significant change, we will update this Notice and post the revised Notice at our practice location and provide copies upon request. You may request a copy of this Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information at the end of this Notice.

### **How We May Use and Disclose Health Information About You:**

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we provide a description and an example. Some information (including HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records) may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they apply.

- **Treatment:**

We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

- **Payment:**

We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

- **Health Care Operations:**

We may use and disclose your health information in connection with our health care operations. For example, health care operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

- **Individuals Involved in Your Care or Payment for Your Care:**

We may disclose your health information to your family or friends or any other individual you identify when they participate in your care or in the payment for your care. We may also disclose information about you to a patient representative. If a person has legal authority to make health care decisions for you, we will treat that person as your patient representative with respect to your health information.

- **Disaster Relief:**

We may use or disclose your health information to assist in disaster relief efforts.

### **Additional Situations Where We May Disclose Health Information:**

- **Required by Law:**

We may use or disclose your health information when we are required to do so by law.

- **Public Health Activities:**

We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury, or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

- **National Security:**

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

- **Secretary of HHS:**

We must disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

- **Workers' Compensation:**

We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

- **Law Enforcement:**

We may disclose your health information for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

- **Health Oversight Activities:**

We may disclose your health information to an oversight agency for activities authorized by law, including audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Judicial and Administrative Proceedings:**

If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made (either by the requesting party or by us) to notify you about the request or to obtain an order protecting the requested information.

- **Research:**

We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

- **Coroners, Medical Examiners, and Funeral Directors:**

We may release your health information to a coroner or medical examiner, for example to identify a deceased person or determine the cause of death. We may also disclose your health information to funeral directors consistent with applicable law to enable them to perform their duties.

- **Fundraising:**

We may contact you to provide information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such communications, you may opt out by contacting us using the information at the end of this Notice.

- **Substance Use Disorder (SUD) Treatment Information:**

If we receive or maintain information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general consent you provide to the Part 2 Program for treatment, payment, or health care operations, we may use and disclose the Part 2 Program record for treatment, payment, and health care operations as described in this Notice. If we receive or maintain your Part 2 Program record through a specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by your consent. Unless otherwise required by applicable law, we will not use or disclose your Part 2 Program record (or testimony describing information in the 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 required by a court order after notice to you.

## **Other Uses and Disclosures of Protected Health Information:**

Your authorization is required, with limited exceptions, for disclosure of psychotherapy notes, for use or disclosure of health information for marketing, and for the sale of health information. We will obtain your written authorization before using or disclosing your health information for purposes other than those described in this Notice (or as otherwise permitted or required by law). You may revoke authorization in writing at any time. After we receive your written revocation, we will stop using or disclosing your health information, except to the extent we have already acted in reliance on the authorization.

## **Your Health Information Rights:**

- **Access:**

You have the right to receive copies of your health information, with limited exceptions. You must make the request in writing. If you request information we maintain on paper, we may provide photocopies. If you request information we maintain electronically, you have the right to receive an electronic copy. We will use the form and format you request if readily producible. We may charge a reasonable fee for supplies, labor, copying, and postage, as applicable. If your request for access is denied, you may have the right to have the denial reviewed in accordance with applicable law.

- **Accounting of Disclosures:**

With limited exceptions, you have the right to receive an accounting of certain disclosures of your health information in accordance with applicable law. To request an accounting, you must submit your request in writing to the Privacy Official. If you request more than one accounting in a 12-month period, we may charge a reasonable fee for responding to additional requests.

- **Right to Request Restrictions:**

You have the right to request additional restrictions on our use or disclosure of your health by submitting a written request to the Privacy Official (defined below). Your request must include: (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except where the disclosure is to a health plan for payment or health care operations and the information pertains solely to a health care item or service for which you (or someone on your behalf other than the health plan) paid our practice in full.

- **Alternative Communications:**

You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing, specify the alternative means or location, and provide a satisfactory explanation of how payments will be handled under the requested means or location. We will accommodate reasonable requests. If we are unable to contact you using the requested means or location, we may contact you using the information we have.

- **Amendment:**

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

certain circumstances. If we agree, we will amend your records and notify you. If we deny the request, we will provide a written explanation and explain your rights.

- **Right to Notification of a Breach:**

You have the right to receive notifications of breaches of your unsecured protected health information as required by law.

- **Electronic Notice:**

You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on a website or by e-mail.

### **Questions and Complaints:**

If you want more information about our privacy practices, or have questions or concerns, please contact us. If you believe your privacy rights have been violated, or if you disagree with a decision we made about access to your health information or in response to a request to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may submit a written complaint to us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide the address to file your complaint upon request. We support your right to the privacy of your health information. We will not retaliate if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

### **Privacy Official Contact Information:**

Privacy Official: Dr. Chelsey Maney

Mailing address: 2131 Beechmont Ave, Cincinnati, OH 45230

Phone: 513-231-9610

Email: [info@beechmontsmiles.com](mailto:info@beechmontsmiles.com)