

NOTICE OF PRIVACY PRACTICES and IMPORTANT INFORMATION

This notice describes how health information about you may be used and disclosed and how you can get access to this information and additional important financial information.

Please review it carefully.

Thank you for choosing Dentistry at Millennium Park, the privacy of your health information is important to us.

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 privacy practices, 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. This Notice takes effect: 09/15/2022 and replaces the NOTICE dated 01/01/2013.

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 created or received 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. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:
TREATMENT: We may use or disclose your health information to a physician or other healthcare provider providing treatment for you.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you.

HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include, but are not limited to: quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, response to posted reviews, and credentialing activities.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

TO YOUR FAMILY AND FRIENDS: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

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

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BUSINESS ASSOCIATES: We may disclose your health information to our business associates so that they can perform their job that we ask them to do. We require these associates to appropriately safeguard your information.

FOOD AND DRUG ADMINISTRATION (FDA): We may disclose to the FDA any health information relative to adverse events with respect to products and product defects in order to enable recalls, repairs or replacement.

PUBLIC HEALTH: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

WORKERS COMPENSATION: We may disclose health information to the extent authorized by and to the extent required to comply with the law.

INSURANCE: We will disclose health information necessary, as requested by you Insurance Carrier (Dental and/or Medical) as deemed necessary for the processing of your claim.

APPOINTMENT REMINDERS AND OTHER CONTACT: We may use or disclose your health information to contact you to provide appointment reminders or information about treatment options or alternatives or other health-related benefits and services that may be of interest to you. We routinely use, but are not limited to: telephone, facsimile (fax), mail, email and/or telephone text messages for such contacts. If you do not wish to receive these types of communication, please advise us in writing.

PERSONS INVOLVED IN CARE: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. 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 filled prescriptions, medical supplies, radiographs (x-rays), dental appliances or other similar forms of health information.

MARKETING HEALTH-RELATED SERVICES: We may use your health information for marketing communications or educational purposes, without your additional authorization. These may include photographic images, video images, radiographic (x-ray) images which typically would not be identifiable as you.

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

ABUSE OR 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 or the possible victim of other crimes. 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 AND LAW ENFORCEMENT: 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 correctional institution or law enforcement officials, having lawful custody, the health information of inmate or patient under certain circumstances.

PATIENT RIGHTS:

ACCESS TO YOUR HEALTH INFORMATION: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will try to use the format you request unless we cannot practicably do so.

NOTE: You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses that we incur, such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$2.00 per page for standard paper photo copies, \$5.00 per page for copies using photographic paper and \$15.00 per hour for staff time to locate and copy your health information and postage, if you want the copies mailed to you.

If you request an alternative format we will charge a cost-based fee for providing your health information in that format. (including, but not limited to CD rom disk, DVD disk copies or Flash Drive). If you prefer, we will prepare a summary or an explanation of your health information, for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request this accounting more than once in a 12-month period, we will charge you a reasonable, cost-based fee for responding to those additional requests.

RESTRICTION: You have the right to request us to place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide a 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 it must explain why the information should be amended). We may deny your request under certain circumstances.

ELECTRONIC NOTICE: If you receive this Notice on our Website or by electronic mail (email), you may print it out. You are entitled to receive this Notice in written form, but you must ask for it in writing.

QUESTIONS AND COMPLAINTS:

If you want more information about our privacy practices or you have 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 about access to your health information or in response to a request you made 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 contact us using the contact information at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services.

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 . 200 Independence Avenue. SW. Room 509F. HHH Building, Washington. DC 20201

Contact Officer: Nanditha Ranganathan, DDS Telephone: 312-750-9000 Fax: 312-750-9100 Email: drnanditha@datmp.com
Address: Dentistry at Millennium Park, 8 South Michigan Avenue, Suite 1800, Chicago, IL 60603





Written Financial Policy: Thank you for choosing Dentistry at Millennium Park.

Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options: Cash, Visa, Mastercard, American Express or Discover Card, Commercial Financing (Care Credit)

Please note:

Dentistry at Millennium Park requires payment prior to or at the time of treatment unless other arrangements have been made.

A Billing Charge will incur on accounts over 30 days.

For patients with dental insurance, we are happy to work with your carrier to maximize your benefit and provide the documentation needed to receive reimbursement (if available) for your treatment.

A fee is charged for patients who miss or cancel more than 1 time in a calendar year without 48-hour notice. Dentistry at Millennium Park charges a fee for returned checks.

We reserve the right to correct any and all billing errors.

If you have any questions, please do not hesitate to ask.

We are here to help you get the dentistry you want or need.

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND IMPORTANT INFORMATION

(You may refuse to sign this Acknowledgement)

I, _____ have read and received a copy of this office's Notice of Privacy Practices and Important Information.

Print Name: _____ Date: ____/____/____

Signature: _____



For office use only: Although the patient received this 4-page document, we attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices and Important Information, but an acknowledgment signature could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other

