AESTHETIC SMILE RECONSTRUCTION

HIPAA NOTICE OF PRIVACY PRACTICES

Revised January 20, 2026

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.

As required by the Privacy Regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this Notice of Privacy Practices describes how Aesthetic Smile Reconstruction may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes permitted or required by law. It also describes your rights regarding your PHI and our legal obligations with respect to it.

"Protected health information" means information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by Aesthetic Smile Reconstruction, our office staff, and others outside our office who are involved in your care for the purpose of providing health care services to you, obtaining payment for those services, supporting the operation of the practice, and for other uses required or permitted by law.

Treatment

We may use and disclose your protected health information to provide, coordinate, or manage your health care and related services. This includes coordination with third parties. For example, we may disclose PHI to your dental insurance company or to a physician or specialist to whom you have been referred so that they have the information necessary to diagnose or treat you.

Payment

We may use and disclose your protected health information as needed to obtain payment for health care services provided to you. For example, disclosure to a health plan may be required to obtain approval for coverage or reimbursement.

Health Care Operations

We may use or disclose your protected health information to support the business activities of our practice. These activities include, but are not limited to, quality assessment, employee review, accreditation, licensing, and other administrative functions. We may also use your information to contact you, call you by name in the office, or communicate regarding appointments or the status of dental equipment or services.

Substance Use Disorder (SUD) Records – Special Protections

Some health information, including **Substance Use Disorder (SUD) treatment records**, is protected by **federal law (42 CFR Part 2)** and receives **additional privacy protections** beyond those provided by HIPAA. Even if Aesthetic Smile Reconstruction does **not provide SUD treatment services**, these protections still apply **if SUD-related records pass through our systems**, such as through referrals, care coordination, insurance submissions, or records received from another provider.

Use and Disclosure of SUD Records

SUD treatment records generally **may not be used or disclosed without your specific written consent**, except in very limited circumstances permitted by law, such as:

- Medical emergencies
- Certain audits or evaluations
- Disclosures expressly required or permitted by federal law

Prohibition on Use of SUD Records in Legal Proceedings

Federal law strictly limits the use of SUD treatment records in legal matters.
SUD records generally may not be used or disclosed in civil, criminal, or administrative proceedings unless:

1. You provide **specific written consent**, **or**
2. A **court issues a valid order** that meets the requirements of 42 CFR Part 2

Before a court order may be issued, **you are entitled to notice and an opportunity to object**. Without meeting these requirements, SUD records are not admissible in legal proceedings.

Other Uses and Disclosures Without Authorization

We may use or disclose your protected health information without your authorization in the following situations, as permitted or required by law:

- As required by law
- Public health activities
- Reporting communicable diseases
- Health oversight activities
- Abuse, neglect, or domestic violence reporting
- Food and Drug Administration requirements
- Legal proceedings and law enforcement (subject to applicable legal limitations)
- Criminal activity
- Inmates and correctional institutions
- Military activity and national security
- Workers' compensation

Required disclosures include disclosures to you upon request and disclosures to the Secretary of the Department of Health and Human Services for compliance investigations.
Other uses and disclosures not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization in writing at any time, except to the extent that action has already been taken in reliance on it.

Fundraising Communications and Opt-Out (Including SUD Records)

If we engage in fundraising activities, we may contact you as permitted by law. **If SUD treatment information is ever used for fundraising purposes, you have the right to opt out of receiving future fundraising communications.**
You may opt out at any time by contacting our office using the information listed below. Your decision to opt out will not affect your treatment or payment for services.

Your Rights Regarding Your Health Information

You have the right to:

- **Inspect and obtain a copy** of your protected health information, with certain legal exceptions (such as psychotherapy notes or information prepared for legal proceedings)
- **Request restrictions** on the use or disclosure of your PHI for treatment, payment, or health care operations (we are not required to agree to all requested restrictions)
- **Request confidential communications** by alternative means or at alternative locations
- **Request an amendment** to your PHI if you believe it is incorrect or incomplete
- **Receive an accounting of certain disclosures** of your PHI
- **Obtain a paper copy** of this Notice upon request, even if you previously agreed to receive it electronically

We reserve the right to change the terms of this Notice and make the revised Notice effective for all PHI we maintain. You will be notified of material changes.

Availability of This Notice

This Notice of Privacy Practices is available on our website and at our office. You may request a paper copy at any time, even if you have agreed to receive this Notice electronically.

Complaints

You may file a complaint if you believe your privacy rights have been violated. You may complain directly to us or to the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

To file a complaint or for questions about this Notice, please contact our Privacy Officer, **Diana Nunez, Practice Manager**, in person or by phone at **781-487-1111**.

Business Associates

We may share your information with third-party companies (business associates) that perform services on our behalf, such as answering services or delivery services. These companies are permitted to receive only the minimum information necessary to perform their services and are required to protect your information.

We welcome your questions and comments. Our goal is to protect your privacy while providing the highest quality dental care.