

# NOTICE OF PRIVACY PRACTICES

## Murry + Kuhn Family Dentistry

**Effective Date: February 15<sup>th</sup>, 2026**

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**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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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### CONTACT INFORMATION

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Officer.

**Privacy Officer: Adrienne Fountain Telephone: (804) 566-1113 Fax: (804) 594-7089**

**Address: P.O. Box 1147, Midlothian, VA 23113**

### OUR LEGAL DUTY

We are required by law to protect the privacy of your protected health information ("medical information"). We are also required to send you this notice about our privacy practices, our legal duties and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on the date set forth at the top of this page and will remain in effect unless we replace it.

We reserve the right at any time 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 any change in our privacy practices and the new terms of our notice applicable to all medical information we maintain, including medical information we created or received before we made the change in practices. We may amend the terms of this notice at any time. If we make a material change to our policy practices, we will provide you with the revised notice. Any revised notice will be effective for all health information we maintain. The effective date of a revised notice will be noted. A copy of the current notice in effect will be available in our facility and on our website. You may request a copy of the current notice at any time. We collect and maintain oral, written, and electronic information to administer our business and to provide products, services and information of importance to our patients. We maintain physical, electronic and procedural safeguards in the handling and maintenance of our patients' medical information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction and misuse.

### USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

**Treatment:** We may disclose your medical information, without your prior approval, to another dentist or healthcare provider working in our facility or otherwise providing you treatment for the purpose of evaluating your health, diagnosing medical conditions and providing treatment.

**Payment:** We provide dental services. Your medical information may be used to seek payment from your insurance plan.

**Health Care Operations:** We may use and disclose your medical information, without your prior approval, for health care operations. Health care operations include: healthcare quality assessment and improvement activities, reviewing and evaluating dental care provider performance, qualifications and competence, health care training programs, provider accreditation, certification, licensing and credentialing activities; conducting or arranging for medical reviews, audits and legal services, including fraud and abuse detection and prevention; business planning, development, management and general administration including customer service, complaint resolutions and billing, de-identifying medical information, and creating limited data sets for health care operations, public health activities and research. We may disclose your medical information to another dental or medical provider or to your health plan subject to federal privacy protection laws, as long as the provider or plan has had a relationship with you and the medical information is for that provider's or health plan's care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

**Your Authorization:** You (or your legal personal representative) may give us written authorization to use your medical information or to disclose it to anyone for any purpose. Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided will not disclose that information. You may take back or "revoke" your written authorization at any time, except if we have already acted based on your authorization. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

**Family, Friends and Others involved in your care or payment for care:** We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose the medical information that is relevant to the person's involvement.

We may use or disclose your name, location and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated, or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

**Health-Related Products and Services:** We may use your medical information to communicate with you about health-related products, benefits, services, payment for those products and services and treatment alternatives.

**Reminders:** We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders via US Mail, email and telephone. By providing your email address to us, you agree that you may receive reminders and breach notifications via email as a possible alternative to US Mail. It is the policy of our office to leave a message on any voicemail or answering machine that may be attached to a number that you provide (home, cell or work).

**Plan Sponsors:** If your dental insurance coverage is through an employer's sponsored group dental plan, we may share summary health information with the plan sponsor.

**Required by Law:** We may use and disclose your medical information, without your permission, when required by law and when authorized by law for public health and public benefit activities;

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

**Business Associates:** We may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.

**Substance Use Disorder:** Substance Use Disorder (SUD) Treatment records have enhanced protections. They cannot be used in legal proceedings without your consent or court order. If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

**Data Breach Notification Purposes:** We may use your contact information to provide legally-required notices of unauthorized acquisition, access or disclosure of your health information.

**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 correctional institution or law enforcement officials having lawful custody protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemails, text messages, postcards, or letters).

## YOUR RIGHTS

You have a right to see and get a copy of your health records and the right to amend your health information. You have a right to ask to get an Accounting of Disclosures of when and why your health information was shared for certain purposes. You are entitled to receive a Notice of Privacy Practices that tells you how your health information may be used and shared. You may decide if you want to give your Authorization before your health information may be used or shared for certain purposes, such as marketing. It is the policy of our office NOT to sell or disclose your information to any outside firms or business partners. Your information may be used, only within our office, for the purposes of presenting to you certain products or services which our dentist(s) or staff feel may present a benefit for you, your oral health or happiness with your smile. You have the right to receive your information in a confidential manner. You have a right to restrict who receives your information. If you believe your rights are being denied or your health information is not being protected, you can: File a complaint with your provider or health insurer or File a complaint with the U.S. Government

## COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with you about your medical information (including a breach notice communication), you may contact our Privacy Officer to register either a verbal or written complaint. You may also submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.