

# NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

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## OUR LEGAL DUTY

The Health Insurance and Portability & Accountability Act of 1996 (**HIPAA**) is a federal program that requires that all medical and dental records and other individually identifiable health information used or disclosed by the Practice in any form, whether electronically, on paper, or orally, are properly kept confidential. HIPAA gives you, the patient, significant rights to understand and control how your health information is used.

HIPAA provides penalties for covered entities, including our Practice, that misuse “protected health information” (**PHI**). PHI is 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. We are required by law to maintain the privacy and security of your PHI and to provide you with this notice of our legal duties and privacy practices with respect to your PHI. We also have legal obligations to notify you in the event of a breach of unsecured PHI.

This Notice of Privacy Practices describes how we may use and disclose your PHI for treatment, payment, healthcare operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. This Notice of Privacy Practices takes effect on January 1, 2026 and remains in effect until we replace it. We are required to abide by the terms of the Notice of Privacy Practices that is in effect.

We reserve the right to change our privacy practices and the terms of this Notice of Privacy Practices at any time, provided such changes are permitted by applicable law. We reserve the right to make any changes in our privacy practices effective for all PHI that we maintain, including health information we created or received before we made the changes. In the event of a change in our practices, we will provide you with a copy of the revised Notice of Privacy Practices through one or more of the following methods: posting the Notice of Privacy Practices to our website, mailing you a copy, or providing you a copy at your next appointment with us.

You may request a copy of our current Notice of Privacy Practices at any time. For more information about our practices, or for additional copies, please contact us using the information listed at the end of this Notice.

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## HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

**Treatment:** We may use or disclose your PHI to personnel in our office, as well as to dentists, physicians and other healthcare professionals within or outside our office, who are involved in your medical care and need the information to provide you with medical care and related services. For example, we may use or disclose your PHI in consultations and/or discussions regarding your medical care and related services with healthcare providers who we refer to and receive referrals from. We require authorization to disclose your PHI to healthcare providers not currently involved in your care.

**Payment:** We may use and disclose your PHI to obtain payment for services we provide to you. If you personally pay in full for service(s), you have the right to restrict us from disclosing your PHI with respect to that service(s) to your health plan/insurer. For example, we may give your health insurance provider information about you so that they will pay for your treatment.

**Healthcare Operations:** We may use and disclose your PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, and credentialing activities. For example, we may disclose PHI to dental students who are performing work with our office, or call your name in the reception area.

**Appointment Reminders and Other Contacts:** We may disclose PHI in the course of leaving phone messages and in providing you with appointment reminders via phone messages, text message, postcards, or letters. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Business Associates:** We may disclose PHI to our business associates, such as administrative service providers or healthcare professionals providing services as independent contractors, for the purpose of performing specified functions on our behalf and/or providing us with services. PHI will only be used or disclosed if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of PHI and are not allowed to use or disclose any PHI other than as specified in our contract with them.

**Your Family, Friends, and Representatives:** We may use or disclose PHI to notify or assist in the notification of a family member, domestic partner, close personal friend, your personal representative, an entity assisting in a disaster relief effort, or another person responsible for or involved in your care. If you are present, prior to use or disclosure of PHI we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity, your death, or in emergency circumstances, if deemed appropriate based upon our professional judgment, we will disclose PHI that is directly relevant to the person's involvement in your care. We may inform such person(s) of your location, your general condition, or death. 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 obtain prescriptions, medical supplies, x-rays, or other similar forms of PHI on your behalf. We will not disclose PHI to such an individual if doing so would be inconsistent with any of your prior wishes that are known by us.

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

**Coroners, Medical Examiners and Funeral Directors:** We may release PHI to coroners or medical examiners as necessary, for such purposes as identifying a deceased person or determining the cause of death. We also may release PHI to funeral directors as necessary for their duties.

**National Security:** Under certain circumstances, we may disclose PHI to military authorities. We may disclose PHI to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities. Under certain circumstances, we may disclose PHI to a correctional institution or law enforcement official with whom you are in lawful custody.

**Fundraising:** We may contact you in relation to fundraising activities, however you have the right to opt out of receiving such communications.

**Data Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

**Required by Law:** We may use or disclose your PHI when we are required to do so by law. Such circumstances include, but are not limited to, compliance with a court order, mandatory reporting due to serious or imminent threats to the public, mandatory reporting of child abuse or neglect, in response to government agency audits or investigations, and reporting disclosures to the Secretary of the Department of Health and Human Services as necessary for the purpose of investigating or determining our compliance with HIPAA and Health Information Technology for Economic and Clinical Health Act (**HITECH**) rules.

**Public Good and Research:** We are allowed or required to share your PHI in ways that contribute to the public good, such as public health and research. For example, we can share your PHI to assist with certain issues, such as preventing disease, helping with product recalls, reporting adverse reactions to medications, in response to organ and tissue donation requests from organ procurement organizations, or preventing or reducing a serious threat to anyone's health or safety. We have to meet many conditions in the law before we can share your PHI for these purposes.

**Legal Actions and Requests:** We can use or share health information about you for worker's compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, in response to a court or administrative order, or in response to a subpoena.

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## YOU MAY PROVIDE ADDITIONAL AUTHORIZATION

**Marketing Uses:** We may only use or disclose your PHI for marketing purposes if you authorize us to do so. Such authorization would allow us to disclose PHI to a third party vendor business associate for the purpose of providing you with targeted supplementary products or services when your healthcare provider believes such offerings will be of value to you. Your authorization may be revoked in writing at any time. Revocation of authorization will not affect any use or disclosures permitted by your authorization while it was in effect.

**Sale:** We may only use or disclose your PHI in a manner that constitutes a sale of information if you authorize us to do so. Your authorization may be revoked in writing at any time. Revocation of authorization will not affect any use or disclosures permitted by your authorization while it was in effect.

**To Others Upon Your Specific Authorization:** In addition to our use of PHI as described in this Notice of Privacy Practices, you may give us written authorization to use your PHI 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. If the Practice maintains any psychotherapy notes, they will not be released unless you sign an authorization or if otherwise required by law. Consistent with the Genetic Information Nondiscrimination Act (**GINA**), our Practice will not use or disclose your genetic information to insurance providers or others for underwriting purposes.

**Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.

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## PATIENT RIGHTS

**Access:** You have the right to inspect and receive copies of your PHI, or to receive your PHI electronically, with limited exceptions. You may also request that we prepare a summary or an explanation of your PHI. If we maintain your PHI in electronic format, you may request to view your PHI in that format. You may request that we provide copies or the summary in a format other than photocopies. We will use the format you request unless it is not practicable. To obtain copies or a summary, you must make a request in writing and provide us a reasonable amount of time to respond, generally thirty (30) days. You may send a letter to or request a form from us using the contact information listed at the end of this Notice of Privacy Practices. We will charge you a reasonable cost-based fee for

expenses such as copies, postage, scanning cost, electronic data compilation costs, and/or staff time. Contact us using the information listed at the end of this Notice of Privacy Practices for a full explanation of fees for your request.

**Notification of a Breach:** We will notify you of a breach of your unsecured PHI, as required by HIPAA and the Health Information Technology for Economic and Clinical Health Act (**HITECH**).

**Disclosure Accounting:** You have the right to receive a list of instances, if any, in which we or our business associates or their subcontractors disclosed your PHI for purposes other than treatment, payment, healthcare operations, and other permitted uses as described in this Notice of Privacy Practices, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests. You have the right to request such an accounting in an electronic format.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in emergency circumstances. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

**Electronic, Alternative, or Confidential Communication:** You have the right to request, in writing, that we communicate with you about your PHI by alternative means, such as in electronic format, or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation regarding how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request, in writing, that we amend your PHI. Your request must explain why the information should be amended. We may deny your request under certain circumstances, but will tell you why in writing within sixty (60) days.

**Electronic Notice:** If you receive this Notice of Privacy Practices on our website or by e-mail, you are entitled to receive a copy in written form upon request.

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## SUBSTANCE USE DISORDER RECORDS

FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your 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 the order of a court after it provides you notice of the court order.

**Uses and Disclosures of Your Substance and Alcohol Use Disorder Records.** Your records related to substance use disorders are protected by federal law under 42 CFR Part 2. This law provides extra confidentiality protection and requires separate consent for the use and disclosure of substance abuse disorder records and notes.

**Disclosure of these records requires your explicit written consent, except in limited circumstances:**

- Medical Emergencies: Only to the extent needed to treat your emergency.
- Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities.

Each disclosure made with your consent must include a copy of the consent or a clear explanation of the scope of the consent. You may sign a single consent form for all future uses and disclosures for SUD treatment, payment, and other health care operations. You may revoke this consent at any time.

**Violation of Law.** A violation of the federal law and regulations governing the confidentiality of substance use disorder records is a crime. Suspected violations may be reported to the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment at 5600 Fishers Lane Rockville, MD 20857 or [csat@samhsa.hhs.gov](mailto:csat@samhsa.hhs.gov) or (240) 276-1660 or to the US Attorney for the district in which the violation occurred.

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## USE OF ARTIFICIAL INTELLIGENCE

To enhance care and improve services, Artificial Intelligence (AI) technologies may be incorporated into certain aspects of our healthcare operations. We may use and disclose your health information in connection with various AI solutions. By AI solutions, we mean computer systems that have the ability to automatically learn and improve based on training and/or experience, without being explicitly programmed, and which we might use to make predictions, recommendations or decisions about your treatment or our payment and health care operation purposes. AI solutions may also create new, original content, such as images or text; produce content autonomously that closely resembles human-created output; or produce natural language texts. Our current use of AI solutions is limited but may increase in the future. For any use of an AI solution to treat you, we will inform you in advance of such use, give you the option for us not to use the AI solution to treat you, and obtain your consent prior to the use of the AI solution to treat you.

**Transparency:** The Practice is committed to transparency regarding its use of AI. This means the organization will strive to inform and educate patients about the use of AI documentation tools, including provisions for privacy and security, and any associated risks.

**Potential AI Uses:** AI may be used in various ways, such as (without limitation):

- Assisting in summarizing patient encounters or creating treatment summaries.
- Aiding in diagnosis or suggesting treatment options.
- Analyzing patient data for trends and insights to improve the quality and efficiency of care.
- Translating Practice provided content and use with practice responses to patients.
- Answering patient inquiries and scheduling appointments.
- Patient Communication and Call Analysis: record and analyze calls; identify lead sources, potential new patients, patient sentiment; automate call summaries, appointment follow-ups; report call conversation data.
- Treatment Planning and Diagnostics: scan radiographs to identify decay, bone loss, or other pathologies to assist with detection and treatment options.
- Revenue Cycle Management: detect coding errors in claims to improve reimbursement accuracy and reduce claim denials.
- Patient Experience Tracking: collect and analyze post-visit surveys and online reviews to monitor patient satisfaction for possible follow-up.
- Scheduling and Predictive Workflows: forecast demand, no-show risk, and optimize provider time for improving appointment utilization and reducing gaps in scheduling.

**Data Used by AI:** AI solutions may process various types of information, which may include PHI. The organization is committed to protecting the privacy of this data and complying with all applicable regulations. Data minimization principles will be applied, collecting and using only the necessary data for AI solutions. Robust security measures will also be implemented to protect PHI when used with AI technologies, such as encryption, access controls, and regular security audits. AI solutions are used as tools to support healthcare professionals, not replace them. Clinical judgment and human oversight remain essential in all aspects of care, including when AI tools are utilized. The performance of AI solutions will be continuously monitored, addressing potential risks, and seeking opportunities to improve their effectiveness and ensure the equitable use of AI in care.

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## QUESTIONS AND COMPLAINTS

If you have any concerns that we may have violated your privacy rights, or if you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI, or to have us communicate with you by alternative means or at alternative locations, you may contact us using the information listed below.

In addition, you may submit a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We support your right to the privacy of your PHI. 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.

If you would like additional information regarding our privacy practices, or if you have questions or concerns, please contact us as indicated below.

Privacy Officer  
 2 Metroplex Drive, Suite 115, Birmingham, AL 35209  
 205-880-6241  
[privacy@high5health.com](mailto:privacy@high5health.com)

# ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided a copy of the Practice's Notice of Privacy Practices, which has an effective date of January 1, 2026, and which describes how my health information may be used and disclosed.

I understand that you have the right to change the Notice of Privacy Practices at any time, that I will be provided a copy of any updated version, and that I may contact you at any time to request a current Notice of Privacy Practices.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

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Patient Name

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Patient DOB

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Responsible Party  
(if applicable)

\_\_\_\_\_  
Relationship to Patient  
(if applicable)