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## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) under federal law, including the Health Insurance Portability and Accountability Act (HIPAA), and applicable Tennessee confidentiality laws. It explains your rights, our responsibilities, and how federal and Tennessee law work together to protect your privacy.

We are required by law to maintain the privacy and security of your information, to provide you with this Notice, and to follow the terms of this Notice. We may change the terms of this Notice at any time. Any revised Notice will apply to all information we maintain and will be available upon request, in our office, or on our website.

### Uses and Disclosures of Information

#### USES AND DISCLOSURES BASED ON YOUR IMPLIED CONSENT

When you receive care in our office, you imply consent for us to use and disclose your information for the following purposes. These uses are permitted by HIPAA and Tennessee law.

**Treatment:** We may use and disclose your information to provide, coordinate, or manage your dental or medical care. Examples include:

- Sharing records, X-rays, or chart notes with specialists
- Sending treatment specifications to laboratories
- Communicating with pharmacies regarding prescriptions
- Coordinating follow-up care with other providers

**Payment:** We may use and disclose your information to obtain payment for services, including:

- Submitting claims to dental plans
- Verifying coverage and eligibility
- Obtaining prior authorizations
- Responding to utilization review requests

**Health Care Operations:** We may use and disclose your information for practice operations, such as:

- Quality improvement activities
- Staff training and evaluation
- Licensing, accreditation, and compliance
- Use of sign-in sheets or calling your name in the waiting area

Example: Limited information may be disclosed to interns, students, or trainees involved in your care.

**Business Associates:** We may disclose your information to third-party "Business Associates" (billing services, IT support, transcription services, secure data storage providers). Business Associates are required by law to protect your information.

**Appointment Reminders and Communication:** We may contact you by phone, text, email, or mail regarding appointments, treatment, or health-related services. You may request alternative communication methods.

#### USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Certain uses and disclosures require your written authorization, including:

- Marketing communications not conducted face-to-face
- Sale of your information
- Most disclosures of psychotherapy notes
- Disclosures to employers or third parties not involved in your care

You may revoke an authorization any time in writing, except to the extent we have already relied on it.

#### USES AND DISCLOSURES WITH YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

**Family Members and Others Involved in Care:** Unless you object, we may share information with a spouse, partner, family member, or friend involved in your care or payment.

**Disaster Relief:** We may disclose limited information to authorized organizations assisting with disaster response. If you are unavailable, we may use our professional judgment to decide what is in your best interest.

#### USES AND DISCLOSURES WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use or disclose your information without consent in the following situations:

**Required by Law:** When federal or state law requires disclosure.

**Public Health:** To prevent or control disease, report adverse events, or notify persons at risk of exposure.

**Abuse or Neglect:** To report child, elder, or dependent adult abuse or neglect.

**Health Oversight:** For audits, investigations, or inspections by government agencies.

**Legal Proceedings:** In response to a court or administrative order, or in certain cases, a lawful subpoena.

**Law Enforcement:** For limited purposes such as locating a suspect, reporting a crime, or emergencies.

**Coroners and Medical Examiners:** For identification or cause of death.

**Organ Donation:** To organ procurement organizations when appropriate.

**Workers' Compensation:** To comply with workers' compensation or similar programs.

**National Security and Military:** For authorized national security, intelligence, or military purposes.

### SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

If we receive or maintain records related to substance use disorder treatment that are protected under federal law (42 CFR Part 2), those records are subject to additional confidentiality protections.

- These records may be used and disclosed for treatment, payment, and health care operations as permitted by law.
- We will not use or disclose these records, or testimony about their contents, in civil, criminal, administrative, or legislative proceedings against you unless permitted by law, with your written consent, or by a court order following proper legal procedures.
- Other uses and disclosures require your written authorization or must otherwise be permitted or required by law.

### Your Rights

You have the following rights regarding your protected health information:

- **Inspect and Copy:** Review or obtain a copy of your records, subject to legal limits
- **Request Restrictions:** Request limits on uses or disclosures (not always required to be honored)
- **Confidential Communications:** Request alternative communication methods or locations
- **Amendment:** Request corrections to your records
- **Accounting of Disclosures:** Request a list of certain disclosures made in the past six years
- **Paper Copy:** Request a paper copy of this Notice at any time
- **Breach Notification:** Be notified if a breach occurs

### Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your information
- Notify you if a breach occurs
- Use and disclose your information only as described in this Notice
- Follow the more protective rule when federal and Tennessee laws differ

### Questions and Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- **Our Office:** Contact our Privacy Officer in writing
- **U.S. Department of Health and Human Services, Office for Civil Rights (OCR).**

We support your right to the privacy of your health information. We will not retaliate against you for filing a complaint with us or with the U.S. Department of Health and Human Services.

This notice was published and becomes effective on February 16, 2026.

Our Privacy Official: Candace Parks

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