

HIPPA NOTICE OF PRIVACY PRACTICES

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The following entities are covered by this notice: Vintage Dental Spa

This notice applies to the privacy practices of the health plans listed below. As affiliated (related) entities, we might share your protected health information and the protected health information of others on your insurance policy as needed for payment or health care operations.

Our Legal Duty

This notice describes our privacy practices, which include how we might use, disclose (share or give out), collect, handle and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We are also required to give you notice about our privacy practices, our legal duties and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made changes. You may request a copy of our notice at any time.

Uses and Disclosures of Medical Information

We use and disclose protected health information about your payment and health care operations. The federal health care Privacy Regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. We also may use or disclose protected health information in the following situations: **Payment**- to pay claims, determine eligibility, coordinate benefits, examine medical necessity, obtain premiums and issue explanations of benefits to the subscriber. **Health Care Operations**- for stop-loss underwriting to determine our premiums for your health plan, conduct quality assessment and improvement activities, engage in care coordination or case management and manage our business. **Business Associates**- with contracted individuals and entities to perform various functions on our behalf or to provide certain types of services. **Other Covered Entities**- to assist health care providers in connection with their treatment or payment activities or to assist other covered entities in connection with certain of their health care operations. **To you or with your authorization**- We must disclose your protected health information to you. You may give us written authorization to use your protected health information or to anyone for any purpose not listed on this notice. **Disclosures to the Secretary of the U.S. Department of Health and Human Services**- We are required to disclose said information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the federal Privacy Regulations. **To plan Sponsors**- A Plan sponsor may contact us seeking information to evaluate future changes to your benefit plan including information about enrollees in your group health plan. **To family and friends**- In you agree or are unavailable to agree. **Underwriting**- We might receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health benefits. **Health oversight activities**- may disclose your health information to a health oversight agency for activities authorized by law. **Abuse or Neglect**- May disclose to appropriate authorities if we reasonably believe that you might be a possible victim of abuse, neglect, domestic violence or other crimes. **To prevent a serious threat to health or safety**- May disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. **Coroners, Medical Examiners, Funeral Directors and Organ Donation**- For purpose of identifying you after you die, determining your cause of death, or for the coroner or medical examiner to perform other duties authorized by law. **Research**- To researchers when (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research. **Inmates**- To the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; (3) the safety and security of the correctional institution. **Workers' compensation**- To comply with workers' compensation laws. **Public Health and Safety**- To extent necessary to avert serious and imminent threat to your health or safety or the health and safety of others. **Required by law**- When we are required to do so by law. **Legal process and proceedings**- In response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. **Law enforcement**- May disclose to a law enforcement official limited protected health information of suspect, fugitive, material witness, crime victim, or missing person. **Military and national security**- Of Armed Forces personal to military authorities under certain circumstances.

Individual Rights

Access- You have a right to look at or get copies of the protected health information contained in your designed record set, with limited exceptions. **Disclosure accounting**- you have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain activities. **Restriction Request**- You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. **Confidential communication**- you have the right to request that we communicate with you in confidence about your protected health information. **Amendment**- you have the right to request that we amend your protected health information. **Electronic notice**- you are entitled to receive a paper copy of our notices as well as on our website.

If you have any questions about this notice, please contact:

Vintage Dental Spa

HIPPA Compliance and Privacy Office

Telephone: 214-520-0887 Fax: 214-520-0883

Address: 4245 N Central Expressway Suite 240, Dallas TX 75205