



TROTTER
ORTHODONTICS

NOTICE OF PRIVACY PRACTICES

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

OUR COMMITMENT TO YOUR PRIVACY

We understand that information about you and your health is personal, and we are committed to protecting its privacy in compliance with all applicable federal and state laws.

This Notice of Privacy Practices explains:

- How we may use and disclose your protected health information (PHI)
- Your rights regarding that information
- Our legal duties related to your privacy

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

TREATMENT

We may use your health information to provide, coordinate, or manage your orthodontic care. This includes sharing information with your dentist, specialists, laboratories, or other healthcare providers involved in your treatment.

PAYMENT

We may use and disclose your health information to bill and collect payment for services provided to you. This may include disclosures to insurance companies or health plans.

HEALTH CARE OPERATIONS

We may use your health information for practice operations such as quality assessment, staff training, licensing, accreditation, and business planning.

BUSINESS ASSOCIATES

We may disclose your health information to trusted third parties (“business associates”) who perform services on our behalf, such as billing services, consultants, accountants, or attorneys. These parties are required by law to protect your information.

APPOINTMENT REMINDERS & HEALTH RELATED COMMUNICATIONS

We may contact you to remind you of appointments, discuss treatment options, or provide information related to your care.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT

We may share relevant information with a family member, personal representative, or other person you identify who is involved in your care or payment for your care.

REQUIRED BY LAW

We may disclose your health information when required to do so by federal, state, or local law.

PUBLIC HEALTH & SAFETY ACTIVITIES

We may disclose health information for public health activities such as preventing disease, reporting abuse or neglect, reporting reactions to medications, or responding to threats to health or safety.

HEALTH OVERSIGHT ACTIVITIES

We may disclose health information to government agencies for legally authorized oversight activities such as audits or investigations.

JUDICIAL AND LAW ENFORCEMENT PURPOSES

We may disclose health information in response to a court order, subpoena, or lawful request, as permitted by law.

SPECIAL PROTECTION FOR SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2)

Certain health information related to substance use disorder treatment may be protected by federal law under **42 CFR Part 2**.

If our practice receives records that are subject to Part 2:

- We will not use or disclose that information unless permitted by law or with your written consent, except in limited circumstances allowed by law.
- Part 2 information is subject to stricter confidentiality protections than other health information.
- Redisclosure of Part 2-protected information is prohibited unless expressly permitted by law.

These protections apply only if such records are received by our practice.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will not use or disclose your health information without your written authorization for:

- Marketing purposes
- Sale of health information
- Any other use not described in this Notice

You may revoke an authorization in writing at any time, except to the extent action has already been taken in reliance on it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- **Request Restrictions**
Ask us to limit how we use or disclose your health information. We are not required to agree, except in certain circumstances required by law.
- **Request Confidential Communications**
Ask to receive communications in a different way or at a different location.
- **Inspect and Obtain Copies**
Review or obtain copies of your health information. Reasonable, cost-based fees may apply.
- **Request Amendments**
Ask us to correct or add information if you believe it is incorrect or incomplete.
- **Receive an Accounting of Disclosures**
Obtain a list of certain disclosures we have made of your health information.
- **Be Notified of a Breach**
Receive notification if your unsecured health information is compromised.
- **Additional Rights for Part 2 Records**
If your records include information protected under 42 CFR Part 2, you have additional rights regarding consent, revocation of consent, and limits on redisclosure.
- **Obtain a Paper Copy**
Request a paper copy of this Notice at any time.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, you may contact our Privacy Officer:

Privacy Officer:

Martha Hullum

Phone: (706) 860-2442

Address: 3604 Exchange Lane, Augusta, GA 30909

You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of this Notice of Privacy Practices.

Signature: _____

Printed Name: _____

Date: _____

Effective Date: February 16, 2026