

# NOTICE OF PRIVACY PRACTICES

**Dr. Kimberly Dryden Pitts, DDS, PC**

**Effective Date:** February 16, 2026

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

## OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice while it is in effect
- Notify affected individuals following a breach of unsecured PHI, as required by law

This Notice applies to all records of your care maintained by our practice.

We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by law. If we make a material change, we will update this Notice and make the revised version available in our office and upon request. The revised Notice will apply to all PHI we maintain.

You may request a paper copy of this Notice at any time.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for the following purposes:

### Treatment

We may use and disclose your health information to provide, coordinate, or manage your dental care.

*Example: Sharing information with a specialist involved in your treatment.*

### Payment

We may use and disclose your health information to bill and collect payment for services.

*Example: Submitting claims to your dental insurance plan.*

### Health Care Operations

We may use secure technology tools, including software that incorporates artificial intelligence (AI), to assist with clinical documentation, communication, appointment coordination, and improving patient care. These tools are used in compliance with HIPAA privacy and security requirements..

### Individuals Involved in Your Care

We may disclose your health information to family members, friends, or others you identify who are involved in your care or payment, unless you object. If someone has legal authority to make health care decisions for you, we will treat that person as your personal representative.

### Disaster Relief

We may disclose your health information to assist in disaster relief efforts.

### Required by Law

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

### Public Health Activities

We may disclose health information to:

- Prevent or control disease, injury, or disability
- Report suspected abuse or neglect
- Report adverse reactions to medications or medical devices
- Notify individuals of product recalls or exposure to communicable diseases
- Notify authorities if we believe a patient is a victim of abuse, neglect, or domestic violence

### Law Enforcement & National Security

We may disclose PHI to law enforcement officials, military authorities, correctional institutions, or federal officials for lawful intelligence, national security, or custody purposes, as permitted by law.

### Health Oversight Activities

We may disclose PHI to government agencies for audits, investigations, inspections, and licensure activities.

### Judicial and Administrative Proceedings

We may disclose PHI in response to a court order, subpoena, or lawful process, as permitted by law.

## **Research**

We may disclose PHI for research purposes when approved by an institutional review board or privacy board.

## **Coroners, Medical Examiners & Funeral Directors**

We may disclose PHI to identify a deceased person, determine cause of death, or enable funeral directors to carry out their duties.

## **Workers' Compensation**

We may disclose PHI as authorized to comply with workers' compensation laws or similar programs.

## **Fundraising Communications**

We may contact you regarding practice-related fundraising activities as permitted by law. You may opt out of these communications at any time.

## **SPECIAL PROTECTIONS**

Certain types of information may receive additional protection under federal or state law, including:

- HIV-related information
- Genetic information
- Substance use disorder treatment records (42 CFR Part 2)
- Mental health records

We will comply with all applicable special confidentiality requirements.

## **OTHER USES AND DISCLOSURES**

We will obtain your written authorization before using or disclosing your PHI for:

- Marketing purposes
- Sale of PHI
- Psychotherapy notes (if applicable)

You may revoke an authorization in writing at any time, except where we have already relied on it.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the right to:

### **Access**

Request to inspect or receive copies of your health information in paper or electronic form.

### **Accounting of Disclosures**

Request a list of certain disclosures of your PHI.

### **Request Restrictions**

Request limits on how we use or disclose your PHI. We are not required to agree, except when you have paid in full for a service and request that information not be shared with your health plan.

### **Alternative Communication**

Request confidential communications by alternative means or locations.

### **Amendment**

Request correction or amendment of your health information.

### **Breach Notification**

Receive notification if your unsecured PHI is breached.

### **Electronic Copy**

Receive this Notice in paper form even if you previously agreed to electronic delivery.

## **QUESTIONS OR COMPLAINTS**

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

## **PRACTICE CONTACT INFORMATION**

**Privacy Official:** Elissa Farris

**Practice Name:** Dr. Kimberly Dryden Pitts, DDS, PC

**Telephone:** 615-890-4587

**Address:** 3320 Memorial Blvd, Murfreesboro, TN 37129

**Email:** smilepartner@icloud.com