



Legal Entity Practice Name: M&M Smiles LLC DBA – Columbus Dental Arts

Mailing Address: 23203 Columbus Rd, Suite Q Columbus NJ 08022

Effective Date: February 16, 2026

Your Information, Your Rights, Our Responsibilities

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

Please review it carefully.

Your Rights

We are committed to protecting the privacy of your Protected Health Information (PHI). We follow the Health Insurance Portability and Accountability Act (HIPAA), its implementing regulations, and all amendments, including the 2026 revisions concerning Substance Use Disorder (SUD) treatment information governed by 42 CFR Part 2.

Your Right to Access:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Your Right to Request an Amendment:

- You can ask us to correct health information about you that you think is incorrect or incomplete.
 - We may say “no” to your request, but we will tell you why in writing within 60 days.
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Your Rights (continued)

Your Right to Request Confidential Communications:

- You can ask us to contact you in a specific way (for example, a home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
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Your Right to Request Restrictions:

- You *can* ask us **not** to use or share certain health information for treatment, payment, or operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will approve, unless a law requires us to share that information.
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Your Right to an Accounting of Disclosures:

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you request another one within 12 months.
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Your Right to a Paper Copy of this Notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
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Your Right to Choose a Personal Representative:

- 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 health information, consistent with applicable law.
 - We will make sure the person has authority and can act for you before we take any action.
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Questions and Complaints:

- You can file a complaint if you feel we have violated your rights by contacting us using the information at the bottom of page 6.
- You can file a complaint with 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, calling 877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- *We will not retaliate against you for filing a claim.*

Your Choices

For certain health information, you can tell us your choices about what we share. We will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- Contact you for fundraising efforts.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you have given us written permission:

- Marketing communications
 - Sale of your information
 - Most uses and sharing of psychotherapy notes (if any)
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Fundraising Communications:

- If we contact you for fundraising, you will have a clear opportunity to opt out of receiving further communications. We will never use or share 42 CFS Part 2 SUD records for fundraising without your written consent.
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Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

To treat you:

- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition, or we send x-rays to a specialist for a consultation.*
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For Healthcare Operations:

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*
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To bill for your services:

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information to your health insurance plan so it will pay for your services.*
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How else can we use and share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html .

To help with public health and safety issues

- We can share health information about you for certain situations as permitted by law, such as:
 - ❖ Preventing disease
 - ❖ Helping with product recalls
 - ❖ Reporting adverse reactions to medications
 - ❖ Reporting suspended abuse, neglect, or domestic violence
 - ❖ Preventing or reducing serious threat to anyone's health or safety.
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Our Uses and Disclosures (continued)

To do research

- We can use or share your information for health research under specific conditions approved by an Institutional Review Board or privacy board, or with your authorization.
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To comply with the law

- We will share information about you if the state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we are complying with federal privacy law.
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To respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations
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To work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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To address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - ❖ For workers' compensations claims
 - ❖ For law enforcement purposes or with a law enforcement official
 - ❖ With health oversight agencies for activities authorized by law
 - ❖ For special government functions such as military, national security, and presidential protective services.
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To respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Any third-party business associates who provide services for us are under contract requiring them to protect your information.

***Special Notice about Substance Use Disorder (SUD) Records (42 CFR Part 2)**

If we create, maintain, or receive SUD records protected by 42 CFR Part 2, those records are subject to additional protection. Part 2 prohibits us from using or disclosing SUD records for many purposes without your written consent, including certain treatment, payment, and health care operations. Part 2 records generally may not be used or disclosed in civil, criminal, administrative or legislative proceedings against you without your written consent or a specific court order. You may revoke consent as permitted by Part 2. We may combine this notice with Part 2 Patient Notice so long as all required elements are included.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI), including Substance Use Disorder (SUD) information that may carry extra confidentiality protections under 42 CFR part 2.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you authorize us in writing. If you do so, you may change your mind at any time. Please let us know in writing should you choose to revoke authorization.

You will be asked to sign an acknowledgement that you received this notice. For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to the following organization:

**M&M Smiles LLC, DBA - Columbus Dental Arts
23203 Columbus Rd, Suite Q
Columbus NJ 08022**

*Privacy officer: Dr. Molly Fraser - info@columbusdentalarts.com
609-324-9500*