

GOVANI DENTAL, LLC

NOTICE OF PRIVACY PRACTICES

Confidentiality of your health care information

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.

This notice is required by law to tell you how Govani Dental, LLC and its affiliates (collectively "Govani Dental") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient's health care history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Govani Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We must follow the privacy practices that are described in this notice, but also comply with any stricter requirements under federal or state law that may apply to our administration of your care. However, we may change this notice and make the new notice effective for all of your PHI that we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice. You may request a copy of the then-current notice anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of your initial appointment at Govani Dental.

Permitted Uses and Disclosures of Your PHI. We are permitted to use or disclose your PHI without your prior authorization for the following purposes. These permitted uses and/or disclosures include disclosures to you, uses and/or disclosures for purposes of health care treatment, billing for services Govani Dental provides to you, and other health care operations.

- For Treatment. Govani Dental may use medical/dental PHI about you to provide you with dental treatment or services. We may disclose medical/dental information about you to other dentists, hygienists, lab technicians, or other personnel (including outside specialists) who are involved in taking care of you at the office. For example, a hygienist treating you may need to know that you are diabetic because such a condition could effect your treatment. If we need to disclose information about you to people outside of this office that may be involved in your care (such as a family member), we will ask you for written authorization to release information to such persons.
- For Payment. Govani Dental may use and disclose medical/dental PHI about you so that the treatment and services you receive at our office may be billed to and payment may be received from you, an insurance provider, or a third party. For example, we may need to disclose the procedures we used to treat you to your insurance company so that the insurance company pays us.
- For Healthcare Operations. Govani Dental may use and disclose medical/dental PHI about you for our office operations, however under Wisconsin law, we must have your written permission before we may use and disclose your PHI in connection with healthcare operations other than management of our medical records and certain auditing and review activities by staff committees and review organizations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. We are permitted to combine the medical/dental records of many of our patients when evaluating things such as what services to offer, whether to add staff, effectiveness of certain treatments, and for review and learning purposes.
- For Appointment Reminder. Govani Dental may use and disclose PHI to send you mailings reminding you that you have an appointment (or are due to make an appointment) for treatment. We may also leave you telephonic messages reminding you of the same.
- For Treatment Alternatives. Govani Dental may use and disclose PHI for the purposes of discussing or recommending possible treatment options or alternatives that may be of interest to you; or to discuss other health-related benefits or services that may be of interest to you.
- For Fundraising. Govani Dental may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving communications.
- Third Parties. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or that sponsor for purposes of administering your benefits. We may disclose PHI to third parties that perform services for Govani Dental in the administration of your medical care. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Govani Dental in the administration of your medical care. These affiliates have implemented privacy policies and procedures and comply with applicable federal and state law. Whenever possible, Govani Dental has entered into a Business Associate Agreement with these providers.

We are also permitted to use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member, another person, or a personal representative of your condition, and to assist in disaster relief efforts. Under Wisconsin law, we must have your written permission before we may disclose your PHI to the appropriate authorities if we believe you are the victim of domestic violence or other crimes (We may report child abuse and the abuse or neglect of a vulnerable adult as allowed by Wisconsin law). Other permitted uses and/or disclosures are for purposes of health oversight by government agencies, judicial, administrative, or other law enforcement purposes, information about decedents to coroners, medical examiners and funeral directors, for research purposes, for organ donation purposes, to

avert a serious threat to health or safety, for specialized government functions such as military and veterans activities, for workers' compensation purposes, and for use in creating summary information that can no longer be traced to you. Additionally, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting. We are also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but we must attempt to keep incidental uses and/or disclosures to a minimum. We use administrative, technical, and physical safeguards to maintain the privacy of your PHI, and we must limit the use and/or disclosure of your PHI to the minimum amount necessary to accomplish the purpose of the use and/or disclosure.

Disclosures Without an Authorization. We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with law, and when otherwise required by law. Govani Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations;

Disclosures Govani Dental Makes With Your Authorization. Except as noted above, Govani Dental will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure. If Govani Dental has already relied on your authorization to use or disclose PHI, the revocation of authorization cannot apply to those prior uses or disclosures. Additionally, if the authorization was for purposes of obtaining insurance coverage, be aware that other applicable laws give the insurance company certain rights not covered under this Notice. The authorization will be obtained from you by Govani Dental or by a person requesting your PHI from Govani Dental.

Your Rights Regarding PHI. You have the right to request an inspection of and obtain a copy of your PHI. You may access your PHI by contacting the Govani Dental office. You must include (1) your name, address, telephone number and a form of identification and (2) the PHI you are requesting. Govani Dental may charge a reasonable fee for providing you copies of your PHI. Govani Dental will only maintain that PHI that we obtain or utilize in providing your health care. If you request information that Govani Dental maintains electronically, you have a right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure. If you are denied a request for access, you have a right to have the denial reviewed in accordance with the requirements of applicable law.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact the Govani Dental privacy officer as noted below if you have questions about access to your PHI.

You have the right to request a restriction of your PHI. You have the right to ask that we limit how we use and disclose your PHI. Your written request must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limit to apply. We will consider your request but are not legally required to accept it, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid Govani Dental in full. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

You have the right to correct or update your PHI. This means that you may request an amendment of PHI about you for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by an outside third party, we may refer you to that person or entity to amend your PHI. For example, we may refer you to your employer to amend your benefits enrollment information. Please contact the Govani Dental privacy officer as noted below if you have questions about amending your PHI.

You have the right to request or receive confidential communications from us by alternative means or at a different address. We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you. You may be required to provide us with a statement of possible danger, a different address, another method of contact or information as to how payment will be handled. Please make this request in writing to the Govani Dental privacy officer as noted below. Wisconsin law requires that we honor certain restriction requests by private pay patients relating to research or the release of information to government agencies.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Additionally, under applicable federal law, certain records need not be retained longer than 6 years. Please contact the Govani Dental privacy officer as noted below if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to notification of a breach. You will receive notifications of breaches of your unsecured PHI as required by law.

You have the right to get this notice by e-mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

Complaints. You may complain to us or to the U. S. Secretary of Health and Human Services if you believe that Govani Dental has violated your privacy rights. You may file a complaint with us by notifying the privacy office as noted below. We will not retaliate against you for filing a complaint.

Contact. You may contact the Govani Dental privacy officer at the address and telephone number listed below for further information about the complaint process or any of the information contained in this notice. Govani Dental, LLC, Attn: Privacy Officer, 1819 Evans Street, Oshkosh, WI 54901-2361; 920-231-1955

This notice is effective on and after October 1, 2013.