



# 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 Georgia state laws. This Notice explains how we may use and disclose your protected health information (PHI), your rights regarding that information, and 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, including sharing with your dentist, specialists, laboratories, or other providers involved in your treatment.

### Payment

We may use and disclose your health information to bill and collect payment for services, verify insurance benefits, submit claims, and collect outstanding balances.

### Health Care Operations

We may use your health information for practice operations such as quality assessment, staff training, licensing, accreditation, compliance, audits, 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, or IT providers. These parties are required by law to protect your information.

### Appointment Reminders & Communications

We may contact you by phone, voicemail, text, email, or mail regarding appointments, treatment updates, billing matters, or office information.

### Individuals Involved in Your Care or Payment

We may share relevant information with a parent, guardian, personal representative, or other person involved in your care or payment. For minor patients, we may disclose records to a parent or legal guardian as permitted by law.

### Required by Law / Public Health & Oversight / Legal Proceedings

We may disclose your health information when required by federal, state, or local law (including Georgia law); for public health and safety activities; to government oversight agencies; or in response to a court order, subpoena, or lawful request.

### Special Protection for Substance Use Disorder Records (42 CFR Part 2)

If our practice receives substance use disorder records protected under 42 CFR Part 2, we will not use or disclose that information except as permitted by law or with your written consent. These records carry stricter confidentiality protections and may not be redisclosed without express legal permission.

## 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, or any other use not described in this Notice. You may revoke an authorization in writing at any time.



## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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You have the right to:

- **Request Restrictions** — Ask us to limit how we use or disclose your health information.
- **Request Confidential Communications** — Ask to receive communications in a different way or location.
- **Inspect and Obtain Copies** — Review or obtain copies of your records. Reasonable fees may apply.
- **Request Amendments** — Ask us to correct information you believe is incorrect or incomplete.
- **Receive an Accounting of Disclosures** — Obtain a list of certain disclosures we have made of your information.
- **Be Notified of a Breach** — Receive notification if your unsecured health information is compromised.
- **Additional Rights for Part 2 Records** — If applicable, you have additional rights regarding consent and limits on redisclosure.
- **Obtain a Paper Copy** — Request a paper copy of this Notice at any time, free of charge.

## OUR DUTIES

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We are required to protect the privacy of your PHI; notify you of a breach when required by law; abide by the terms of this Notice; and provide you with an updated Notice if our practices change.

## CHANGES TO THIS NOTICE

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We reserve the right to change this Notice. Revised terms are effective for all PHI we maintain. Updated notices will be posted in our office and available upon request.

## QUESTIONS OR COMPLAINTS

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If you believe your privacy rights have been violated, contact our Privacy Officer:

**Privacy Officer: Dr. Nikki Sangha**

Smiles by Nikki | 210 Robert C. Daniel Jr. Pkwy G, Augusta, GA 30909

Phone: 706-738-8898

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) | 1-800-368-1019

We will not retaliate against you for filing a complaint.

**Effective Date: April 2026**