

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED

AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.

This Notice describes the privacy practices of Little Urban Smiles.

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice was last revised January 5, 2026, and will remain in effect until we replace it.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We use and disclose protected health information about you for treatment, payment, and healthcare operations.

Treatment: We may use and disclose your protected health information to provide, manage and coordinate your dental coverage. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.

Payment: We may use and disclose your protected health information to conduct payment related activities, such as determinations of eligibility and coverage, billing, administration and coordination of benefit payments.

Healthcare Operations: We may use and disclose your protected health information in connection with our healthcare operations.

Healthcare operations include, but are not limited to, performing quality assessment; licensing or accreditation activities; responding to and resolving complaints and appeals; plan communications; financial or billing audits, legal matters, development; and improvement activities.

To You, Your Personal Representatives and Plan Sponsor: We must disclose your protected health information to you, as described in the Member Rights section of this Notice, and to a parent of a minor under the age of consent or legal guardian as necessary to help with your healthcare or with payment. We may disclose your protected health information to the sponsor of your dental plan.

Appointment Reminders: We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you using: letter, postcard, phone call, voice message, text or email.

Family and Friends: We may disclose protected health information about you to your family members or friends who are involved with your care or payment for your care if you do not object or, if you are not present, we believe it is in your best interest to do so.

Disclosure to Business Associates. We may disclose your protected health information to our third-party service providers (called "business associates") that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use a business associate to assist us in maintaining our practice management software.

Required by Law: We may use or disclose your protected health information to the extent we are required to do so by federal, state or local law or legal process, for example, subpoena, court order, administrative order, warrant, or summons; and pursuant to workers' compensation laws.

Abuse or Neglect: We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

Health Oversight Activities: We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefits programs, and compliance with certain civil rights laws.

Law Enforcement: We may disclose to authorized governmental officials protected health information required for lawful investigation.

Authorization: Other uses and disclosures of your protected health information will be made only with your, or your Personal Representative's, written authorization. You may revoke such authorization at any time by written request, but we cannot take back any uses or disclosures already made with your permission.

MEMBER RIGHTS

Access: You have the right to look at or get copies of your protected health information (information in a designated record set as defined by HIPAA), with limited exceptions; we may deny your request under certain circumstances. You must submit a written request to the contact listed in this Notice. If your health information is included in an Electronic Health Record, you have the right to obtain a copy of it in an electronic format and to direct us to send it to the person or entity you designate in an electronic format. We may charge you a reasonable cost-based fee for providing your protected health information.

Disclosure Accounting: You have the right to receive a list of instances in which your protected health information was disclosed for purposes, other than for treatment, payment, healthcare operations and certain other activities (exceptions as provided by HIPAA), for the last 6 years prior to the date that the accounting is requested. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request in writing that we place additional restrictions on our use or disclosure of your protected health information. We may not, and are not required, to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Breach Notification: You have the right to receive notice if the security of your unsecured protected health information is breached.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice upon request. To obtain a paper copy, ask office contact.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the contact listed in this Notice.

Questions and Complaints: If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting the contact listed in this notice. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you in any way if you choose to file a complaint.

Contact:

Little Urban Smiles
1301 N. Kingshighway Blvd. Ste. 2
St. Louis, MO 63113
314-367-1434