NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

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 describes how Michigan Oral Surgeons ("we," "our," or "us") may use and disclose your protected health information ("PHI") and your rights regarding that information.

OUR DUTIES

We are required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Notify you following a breach of your unsecured PHI.
- Follow the terms of the Notice that is currently in effect

We reserve the right to change our privacy practices and this Notice at any time, as permitted by law. Any changes will apply to all PHI that we maintain. When we make a significant change to our privacy practices, we will:

- Update this Notice with a new effective date, and
- Make the revised Notice available upon request and in our office, and
- If we maintain a website that provides information about our services, post the revised Notice on that website.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance use disorder records (including certain records subject to 42 CFR Part 2), and mental health records may be entitled to special confidentiality protections under applicable state or federal law. When these more stringent protections apply, we will follow them, which may further limit the uses and disclosures described in this Notice.

1. **Treatment**

We may use and disclose your PHI to provide, coordinate, or manage your health care and other related services. This includes coordination with other providers, consultations between providers, and referrals for treatment.

2. **Payment**

We may use and disclose your PHI to obtain payment for services we provide to you. This includes activities such as confirming coverage, billing, claims management, collection activities, and determining eligibility or medical necessity.

3. **Health Care Operations**

We may use and disclose your PHI for our health care operations. These activities help us run our practice and improve quality of care and may include:

- Quality assessment and improvement activities
- Training and supervision of health professionals
- Licensing, accreditation, and certification
- Internal audits, compliance, and legal services
- Business planning and administrative activities
- Responding to patient inquiries and complaints

4. **Appointment Reminders and Health-Related Information**

We may use your PHI to contact you with appointment reminders. We may also use and disclose PHI to tell you about treatment alternatives, health-related benefits, services, or programs that may be of interest to you.

5. **Individuals Involved in Your Care or Payment for Your Care**

Unless you object, we may disclose PHI to a family member, close friend, or any other person you identify who is involved in your care or the payment for your care. We will disclose only the PHI that is directly relevant to that person's involvement. We may also disclose PHI to locate or notify your family members or others responsible for your care about your location and general condition.
If you are unable to agree or object (for example, you are unconscious), we may use our professional judgment to decide what is in your best interest and share information as appropriate.

6. **Business Associates**

We may disclose PHI to third-party "business associates" that perform services on our behalf (such as billing companies, IT providers, or consultants). Our business associates are required by law and by contract to protect the privacy and security of your PHI and to use it only for the services they provide to us.

7. **Public Health and Safety**

We may disclose PHI for public health activities, such as:

- Preventing or controlling disease, injury, or disability
- Reporting births and deaths
- Reporting suspected abuse, neglect, or domestic violence
- Reporting adverse events, product defects, or to enable product recalls
- Notifying people of exposure to disease or risk of spreading disease

8. **Health Oversight Activities**
We may disclose PHI to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure, or disciplinary actions.

9. **Law Enforcement and Legal Proceedings We may disclose PHI:**

- In response to a court or administrative order, subpoena, discovery request, or other lawful process
- To law enforcement officials as required or permitted by law, such as to identify or locate a suspect, missing person, or witness
- About crime victims, crimes on our premises, or in emergencies, as permitted by law

Substance use disorder treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

10. **Specialized Government Functions We may disclose PHI:**

- For military or veterans' activities, as required by military command authorities
- For national security and intelligence activities
- To federal officials for the protection of the President or other authorized persons
- To correctional institutions or law enforcement officials if you are an inmate or in lawful custody and disclosure is necessary for the institution to provide you with care, protect your health and safety, or ensure the safety and security of the institution

11. **Workers' Compensation**
We may disclose PHI as authorized by workers' compensation or similar laws for work-related injuries or illnesses.

12. **Organ and Tissue Donation**
If you are an organ donor, we may disclose PHI to organizations that handle organ, eye, or tissue procurement, transplantation, or donation, as permitted by law.

13. **Coroners, Medical Examiners, and Funeral Directors**
We may disclose PHI to a coroner or medical examiner to identify a deceased person, determine the cause of death, or as otherwise authorized by law. We may also disclose PHI to funeral directors as necessary to carry out their duties.

14. **Research**
We may use or disclose PHI for research purposes when an Institutional Review Board or Privacy Board has reviewed and approved the research proposal and established safeguards to protect your privacy, or when otherwise permitted by law.

15. **To Avert a Serious Threat to Health or Safety**
We may use and disclose PHI if we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, consistent with applicable law and ethical standards.
If we create or maintain records subject to 42 CFR Part 2 and intend to use or disclose such records for fundraising for our benefit, you will first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

16. **Fundraising (If Applicable)**
We may use limited PHI to contact you to support our fundraising efforts. You have the right to opt out of receiving fundraising communications. Instructions for how to opt out will be included in each fundraising communication or you may contact our Privacy Officer at any time to opt out.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice or otherwise permitted or required by law. For example, we will obtain your written authorization for:

- Marketing communications, except for certain communications permitted by law (such as face-to-face communications or nominal-value promotional gifts). This includes subsidized treatment communications funded by third parties.
- Sale of your PHI, meaning disclosures of PHI for direct or indirect payment, except as permitted by law.
- Most uses and disclosures of psychotherapy notes, if we maintain them, except for limited treatment, payment, or health care operations as allowed by law.

We will also obtain your written authorization for any other use or disclosure not described in this Notice.
If you give us an authorization, you may revoke it at any time in writing, except to the extent that we have already relied on it. We will not use or disclose your PHI for the purposes covered by the authorization once you revoke it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

How to exercise your rights:
To exercise any of the rights described below, please contact our Privacy Officer using the contact information at the end of this Notice. Some requests must be made in writing. Where written requests are required, we will tell you and can provide a simple form to help you.

1. **Right to a Copy of This Notice**
You have the right to obtain a paper copy of this Notice at any time, even if you agreed to receive it electronically. You may also request an electronic copy.

2. **Right to Request Restrictions on Uses and Disclosures**
You have the right to request that we restrict how we use or disclose your PHI for treatment, payment, or health care

operations, and how we disclose your PHI to individuals involved in your care or payment. We are not required to agree to most requested restrictions.
However, we are required to agree to a requested restriction if all of the following are true:

- The restriction is on a disclosure to a health plan;
- The disclosure is for payment or health care operations (and not required by law); and
- The PHI pertains solely to a health care item or service for which you or someone else has paid us in full out of pocket.

How to exercise this right:
Submit your restriction request in writing to our Privacy Officer. If we agree to a restriction, we will comply with it unless the information is needed to provide you emergency treatment or otherwise required by law.

3. **Right to Request Confidential Communications**

You have the right to request that we communicate with you in a certain way or at a certain location (for example, at a different mailing address, email, or telephone number).
How to exercise this right:
Ask us or submit a written request to our Privacy Officer specifying how or where you wish to be contacted. We will accommodate reasonable requests and will not require you to explain the reason for the request.

4. **Right to Inspect and Obtain Copies of Your PHI**

You have the right to inspect and obtain a copy of PHI about you that we maintain in a designated record set, including medical and billing records. If your PHI is maintained electronically, you have the right to request an electronic copy and to direct us to send it to a third party of your choosing. We may charge a reasonable, cost-based fee as permitted by law for copies and mailing.
In certain limited circumstances, we may deny your request to inspect or copy your PHI. If we deny your request:

- Some types of denials are subject to review by another licensed health care professional not involved in the original decision.
- We will provide you with a written denial explaining the reason and informing you whether you may request a review and how to do so.

How to exercise this right:
Submit your request for access or a copy (paper or electronic) in writing to our Privacy Officer.

5. **Right to Request an Amendment of Your PHI**

If you believe that PHI in your record is incorrect or incomplete, you have the right to request that we amend it.
We may deny your amendment request if, for example, we determine that:

- The information was not created by us (unless the originator is no longer available);
- The information is not part of the records we maintain that you are allowed to inspect; or
- The information is accurate and complete.

If we deny your request, we will provide a written explanation. You have the right to submit a written statement of disagreement, which we will keep with your record and include with certain future disclosures. We may also prepare a rebuttal, a copy of which will be provided to you.
How to exercise this right:
Submit your amendment request in writing to our Privacy Officer, explaining why the information should be amended.

6. **Right to an Accounting of Disclosures**

You have the right to request an accounting of certain disclosures of your PHI made by us in the six (6) years prior to your request, excluding:

- Disclosures for treatment, payment, or health care operations;
- Disclosures to you or your personal representative;
- Disclosures made pursuant to your authorization;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement in certain circumstances; and
- Other disclosures that the law does not require us to include in an accounting.

You are entitled to one free accounting in any 12-month period. We may charge a reasonable fee for additional requests during the same period if you agree to the fee before we provide the accounting.
How to exercise this right:
Submit a written request for an accounting to our Privacy Officer, specifying the time period you want the accounting to cover.

7. **Right to Receive an Electronic Copy and Direct Transmission**

If we maintain your PHI in an electronic health record, you have the right to:

- Obtain an electronic copy of your PHI, and
- Direct us to transmit an electronic copy to a third party of your choosing.

How to exercise this right:
Submit your request in writing to our Privacy Officer and specify the format and destination (for example, another provider or personal representative).

8. **Right to Be Notified of a Breach**

You have the right to receive written notification if your unsecured PHI has been breached (accessed, used, or disclosed in a way not permitted by law that compromises the privacy or security of the information).
We will notify you without unreasonable delay and no later than 60 days after we discover the breach (subject to law enforcement delays allowed by law). The notice will include:

- A brief description of what happened;

- The types of PHI involved;
- Steps you can take to protect yourself;
- What we are doing to investigate, mitigate harm, and prevent future breaches; and
- Contact information for questions.

9. **Right to Choose a Personal Representative**

If you have given someone legal authority to act on your behalf (for example, a health care proxy, guardian, or power of attorney), that person may exercise your rights and make choices about your PHI, to the extent allowed by law.
We will verify the person's authority before granting access or acting on their instructions. USE OF ARTIFICIAL INTELLIGENCE (AI)
We may use secure, HIPAA-compliant Artificial Intelligence (AI) technologies to assist in treatment, payment, and health care operations. These tools may help with:

- Supporting clinical decision-making by analyzing information
- Assisting with documentation, scheduling, or administrative workflows
- Enhancing security monitoring to help safeguard information
- Improving patient education materials and communication

Any AI tools we use must comply with rigorous privacy and security standards. Your PHI will not be used by AI tools for:

- Product development unrelated to our services
- Training external or third-party models
- Marketing or sales purposes

Your PHI will only be used or disclosed as permitted by HIPAA and this Notice.
If you have questions about how AI is used in your care or in our operations, please contact our Privacy Officer.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or our privacy practices, or if you believe your privacy rights have been violated, you may contact us or file a complaint.
We will not retaliate against you for filing a complaint with us or with the government.

Contact Us
Christi Jenkins
Michigan Oral Surgeons
2058 S State St, Suite 100
Ann Arbor, MI 48104
7347695302

File a Complaint with the U.S. Department of Health and Human Services Office for Civil Rights
U.S. Department of Health and Human Services 200
Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775
Website: https://www.hhs.gov/ocr/privacy/hipaa/complaints/

AVAILABILITY OF THIS NOTICE

- This Notice will be posted in our office.
- You will be offered a copy of this Notice the first time we provide services to you.
- You may request a paper or electronic copy at any time.
- If we maintain a website that provides information about our services, we will also post this Notice on that site.