NOTICE OF PRIVACY PRACTICES

Last modified: October 1, 2025

THIS NOTICE DESCRIBES HOW HEALTH AND MEDICAL 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 HEALTH AND MEDICAL INFORMATION IS IMPORTANT TO US.

OUR RESPONSIBILITIES

We at J Alan Timmons DDS PC (Timmons Dental: Family | Cosmetic | Implant) understand that medical information about you and your health is personal. Applicable federal and state law requires us to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information.

We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on October 1, 2025, and will remain in effect until we replace it.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. 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. Any changes will apply to all health information we maintain, including information created or received before the changes. Updated Notices will be made available upon request.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose health information about you for treatment, payment, and healthcare operations. For example:

• To Treat You: We may use or disclose your health information to a physician, specialist, or other healthcare provider involved in your care.

• Billing and Payment: We may use and disclose your health information to obtain payment for services we provide to you.

• Healthcare Operations: We may use and disclose your health information for practice operations, such as quality assessment, staff training, licensing, or accreditation.

Your Authorization: Except as described in this Notice, we will not use or disclose your health information without your written authorization. You may revoke such authorization in writing at any time, except to the extent that we have already relied on it.

To Family and Friends: We may disclose your health information to a family member, friend, or other person involved in your care or payment for your care, if you agree or do not object. In emergencies, we may use professional judgment to disclose only relevant information.

Marketing Health-Related Services: We will not use your health information for marketing purposes without your written permission.

Required by Law: We may disclose your health information when required to do so by federal or state law, including to the Department of Health and Human Services for compliance purposes.

Other Situations Where We May Disclose Information Include:

• Abuse or neglect reporting

• Public health activities and safety threats

• National security or military purposes

• Organ and tissue donation requests

• Medical examiner or funeral director involvement

• Workers' compensation, law enforcement, or government requests

• Court orders, subpoenas, or other legal processes

• Appointment reminders (via voicemail, mail, text, or email)

PATIENT RIGHTS

• Access: You may request to inspect or obtain copies of your health information, with limited exceptions. A reasonable, cost-based fee may apply.

• Disclosure Accounting: You may request a list of certain disclosures we have made of your health information for the past six years.

• Restrictions: You may request restrictions on the use or disclosure of your health information. While we are not always required to agree, if we do, we will honor the agreement.

• Alternative Communication: You may request that we communicate with you in a specific way (e.g., at a different address or phone number).

• Amendments: You may request corrections to your health information. We may deny your request in certain circumstances.

• Records Transfer: If our practice is sold or merged, your records may transfer to the new owner. You may also request that copies be sent elsewhere.

• Electronic Notice: If you received this Notice electronically, you are entitled to a paper copy upon request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us:

Telephone: (208) 452-6280

E-mail: office@timmonsdental.com

Address: 105 N Whitley Drive, Fruitland, Idaho 83619

You may also submit a complaint to the U.S. Department of Health and Human Services by writing to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We support your right to privacy. We will not retaliate if you choose to file a complaint.