Schultz Family Dentistry LLC

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 CARE FULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Federal and state law requires us to maintain the privacy of your health information. That law also requires us 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 we describe in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we
replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such applicable law permits the.
changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health
information that we maintain, including 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 information listed at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

Treatment: We may use your health information for treatment or disclose to a dentist, physician or other health care provider
providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. We may also disclose
your health information to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.

Health Care Operations: We may use and disclose your health information for our health care operations. Health care operations
include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals,
evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing
activities. We may disclose your health information to another health care provider or organization that is subject to the federal
privacy rules and that has a relationship with you to support some of their health care operations. We may disclose your information
to help these organizations conduct quality assessment and improvement activities, review the competence or qualifications of health
care professionals, or detect or prevent health care fraud and abuse.

On Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any
purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or
disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or
disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We may disclose your health information to a family member, friend or other person to the extent
necessary to help with your health care or with payment for your health care. Before we disclose your health information to these
people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of your
incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure
would be in your best interest. We may use our professional judgment and our experience with common practice to make reasonable
inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of
health information. We my use or disclose information about you to notify or assist in notifying a person involved in your care, of
your location and general condition.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as
voicemail messages, postcards, or letters.)

Disaster Relief: We may use or disclose your health information to a public or private entity authorized by law or by its charter to
assist in disaster relief efforts.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in

 the public interest or benefit:

* as required by law;
* for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to
employers regarding work related illness or injury;
* to report adult abuse, neglect, or domestic violence;
* to health oversight agencies;
* in response to court and administrative orders and other lawful processes;
* to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths,
crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other
person;
* to coroners, medical examiners, and funeral directors;
to an organ procurement organizations;
* to avert a serious threat to health or safety;
* in connection with certain research activities;
* to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
to correctional institutions regarding inmates; and
* as authorized by state worker's compensation laws.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we
provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must
make a request in writing to obtain access to your health information. You may request access by sending us a letter to the address at·
the end of this notice. If you request copies, we will charge you a reasonable cost-based fee that may include labor, copying costs, and
postage. If you request an alternative format, we will charge a cost based fee for providing your health information in that format. If
you prefer, we may-but are not required to-prepare a summary or an explanation of your health information for a fee. Contact us
using the information listed at the end of this notice for more information about fees.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health
information over the last 6 years (but not before April 14, 2003). That list will not include disclosures for treatment, payment, and
health care operations, as authorized by you, and for certain other activities. 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. Contact us using the
information listed at the end of this notice for more information about fees.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information.
We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
Any agreement we may make in a request for additional restrictions must be in writing signed by a person authorized to make such an
agreement on our behalf. Your request is not binding unless our agreement is in writing.

Alternative Communication: You have the right to request that we communicate with you about your health information by
alternative means or to alternative locations. You must make your request in writing. You must specify in your request the alternative
means or location, and provide satisfactory explanation how you win handle payment under the alternative means or location you
request.

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

QUESTIONS AND COMPLAINTS

More information is available to you regarding our privacy policies, please contact us.

If at any time you are unsure or concerned that your protected health information has not been protected or if you believe an error was
made in the decision we made about accessing your protected health information; or in the response to a request you made to amend
the use or disclosure of your protected health information; or to have us communicate to you by an alternative means or at an
alternative locations, you have the right to bring this issue forward. You may make a complaint to the U.S. Department of Health and
Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Service
at your request.

Privacy of your protected health information remains extremely important; we are committed to ensure your privacy. If you file a
concern with the U.S. Department of Health and Human Resources we will not retaliate in anyway. We are available to assist you
with any questions, concerns or complaints.

Contact Person's Name:

Telephone: (314) 353-0900

Fax: (314) 353-1018

Address: 5400 Walsh St.

City, State, Zip: St. Louis Mo, 63109