

NOTICE OF PRIVACY PRACTICES

Parkside Pediatric Dentistry

Effective Date: February 16, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AND YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR CHILD'S HEALTH INFORMATION IS IMPORTANT TO US

Parkside Pediatric Dentistry is committed to protecting the privacy and security of your child's Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

OUR LEGAL DUTY

We are required by federal and state law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices. We are also required to notify you in the event of a breach of unsecured PHI.

This Notice takes effect on February 16, 2026, and will remain in effect until replaced.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

Treatment: We may use and disclose health information to provide, coordinate, or manage your child's dental care.

Payment: We may use and disclose information to obtain payment from insurance companies or responsible parties.

Healthcare Operations: We may use information for quality improvement, training, licensing, accreditation, and administrative purposes.

ELECTRONIC COMMUNICATION & TEXT MESSAGING (WEAVE)

Our office uses a HIPAA-compliant communication platform (Weave) to communicate with parents and guardians. Communications may include appointment reminders, scheduling, treatment discussions, insurance, billing, clinical photos, X-rays, and other healthcare-related information.

By providing your phone number and engaging in text communication with our office, you acknowledge and consent to electronic communications that may include your child's protected health information (PHI). Standard messaging rates may apply.

PHOTO, X-RAYS, AND CLINICAL COMMUNICATION

We may send and receive clinical photos, dental images, post-operative instructions, and treatment-related information via secure electronic messaging when necessary for your child's care.

PARENT/GUARDIAN COMMUNICATION

As a pediatric dental practice, we communicate directly with parents or legal guardians regarding a minor patient's care, treatment, scheduling, and billing unless otherwise directed in writing.

APPOINTMENT REMINDERS

We may contact you via phone calls, voicemail, email, mail, and secure text messaging for appointment reminders and office communications.

INDIVIDUALS INVOLVED IN CARE

With your permission, we may disclose relevant information to a parent, guardian, or person involved in your child's care or payment for care.

USES REQUIRED BY LAW

We may disclose health information when required by law, including public health reporting, abuse or neglect investigations, and legal proceedings.

PATIENT RIGHTS

You have the right to:

- Access and obtain copies of health records
- Request amendments to records
- Request confidential communications
- Request restrictions on certain uses and disclosures
- Receive an accounting of disclosures
- Receive a paper copy of this Notice upon request

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

CONTACT INFORMATION

Privacy Officer: Dr. Mary Doornbos, DMD

Parkside Pediatric Dentistry

141 Lacy Street, Suite 150, Marietta, GA 30060

Phone: 770-485-1492

Fax: 770-693-9899

This Notice is available on our website, at our front desk, and within our digital intake forms (mConsent).