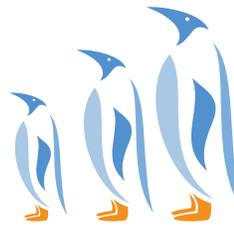


Holdbrook PEDIATRIC DENTAL LLC



Spec. #5838

High Ridge Professional Campus

250 Haddonfield-Berlin Road · Suite 101 · Gibbsboro, NJ 08026

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT 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.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your child's protected health information (sometimes referred to herein as "PHI"). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your child's protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect October 1, 2009 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 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 information listed.

OUR COMMITMENT TO YOUR PRIVACY

We realize that the privacy laws are complicated, but we must provide you with the following important information:

How we may use and disclose your child's PHI.

Your child's privacy rights in their PHI.

Our obligations concerning the use and disclosure of your child's PHI.

WE MAY DISCLOSE YOUR CHILD'S PROTECTED HEALTH INFORMATION, (PHI).

The following categories describe the different ways in which we may use and disclose your child's PHI. The examples within each category are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our practice.

Treatment – Our practice may use your child's PHI to treat your child. For example, we may disclose your child's PHI as follows:

To order laboratory tests, (such as blood or urine tests), which we may use the results to help us reach a diagnosis.

To write a prescription, or we might disclose your child's PHI to a pharmacy when we order a prescription for your child.

To treat or assist others in the treatment of your child.

To inform you of potential options or alternatives or programs.

To others who you have given permission to bring your child to the office for treatment.

To other health care providers for purposes related to their treatment.

Payment - Our practice may use and disclose your child's PHI in order to bill and collect payment for the services and items provided by us for your child. For example, we may disclose your child's PHI as follows:

To contact your child's health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide your child's insurer with details regarding your child's treatment to determine if the insurer will cover, or pay for, your child's treatment.

To obtain payment from other third parties that may be responsible for such costs.

To bill you directly for services and items rendered.

To other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations - Our practice may use and disclose your child's PHI to operate our business. As examples of the ways in which we may use and disclose your child's information for our operations include, but are not limited to the following:

To evaluate the quality of care your child received from us, to evaluate our employees' performance, or to conduct cost management and business planning activities for our practice.

To other health care providers and entities to assist in their health care operations under certain circumstances.

To contact you and remind you of your child's appointment.

To inform you of health-related benefits or services that may be of interest to you.

To our third party "business associates" that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your child's PHI, we will have a written contract that contains terms that will protect the privacy of your child's PHI.

When we are required to do so by federal, state or local law.

USE AND DISCLOSURE OF YOUR CHILD'S PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe certain scenarios in which we may use or disclose your child's PHI to the extent such use or disclosure is permitted by law without your authorization or providing you with the opportunity to agree or object to such use or disclosure:

Required by Law. We may use or disclose your child's PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health Risks. Our practice may disclose your child's PHI to public health authorities that are authorized by law to collect information for the purpose of:

Maintaining vital records, such as births and deaths.

Reporting child abuse or neglect.

Preventing or controlling disease, injury or disability.

Notifying a person regarding potential exposure to a communicable disease.

Notifying a person regarding a potential risk for spreading or contracting a disease or condition.

Reporting reactions to drugs or problems with products or devices.

Notifying individuals if a product or device they may be using has been recalled.

Health Oversight Activities. Our practice may disclose your child's PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings. Our practice may use and disclose your child's PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your child's PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute under certain conditions.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official: regarding a crime victim in certain situation, if we are unable to obtain the person's agreement; concerning a death we believe has resulted from criminal conduct; regarding criminal conduct at our office; in response to a warrant, summons, court order, subpoena or similar legal process; and limited information requests to identify/locate a suspect, material witness, fugitive or missing person.

Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information as authorized by law in order for funeral directors to perform their jobs.

Research. Our practice may use and disclose your child's PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your child's PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: A. an adequate plan to protect the identifiers from improper use and disclosure; B. an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and C. adequate written assurances that (i) the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

Serious Threats to Health or Safety. Our practice may use and disclose your child's PHI when necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Worker's Compensation. Our practice may release your child's PHI for worker's compensation and similar programs.

Compliance. We are required to disclose your child's PHI to the Secretary of The Department of Health and Human Services or his designee upon request to investigate our compliance with HIPAA or to you upon request.

RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES

Our practice will obtain your written authorization for uses and disclosures of your child's PHI that are not identified by this Notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's PHI for the reasons described in the authorization. Please note, however, that we are required to retain records of your child's care and we are unable to take back any disclosures that were already made with your authorization.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT REQUIRE PROVIDING YOU THE OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose your child's PHI in the following instances in which you have the opportunity to agree or object to the use or disclosure of all or part of your child's PHI:

Others Involved in Your Child's Health Care or Payment for your Care - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your child's PHI that directly relates to that person's involvement in your child's health care. If you are not present or are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your child's best interest based on our professional judgment. We may use or disclose your child's PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your child's care of your child's location, general condition or death. Finally, we may use or disclose your child's PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your child's health care.

YOUR RIGHTS REGARDING YOUR CHILD'S PHI

You have the following rights regarding the PHI that we maintain about your child:

Confidential Communications. You have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask us not to contact you at work. In order to request a type of confidential communication, you must make a written request to the practice's Privacy Officer, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your child's PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's PHI to only certain individuals involved in your child's care or the payment of care, such as family members and friends. We are not required to agree with your request; however, if we do agree, we are bound by our agreement except when otherwise required by law or in emergencies when the information is necessary to treat your child. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the practice's Privacy Officer. Your request must describe in a clear and concise fashion:

The information you wish restricted;
Whether you are requesting to limit our practice's use, disclosure or both, and
To whom you want the limits to apply.

Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the practice's Privacy Officer in order to inspect and/or obtain a copy of your child's PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct such a review.

Amendment. You may ask us to amend your child's PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the practice's Privacy Officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: 1. Accurate and complete; 2. Not part of the PHI kept by or for the practice; 3. Not part of the PHI which you would be permitted to inspect and copy; or 4. Not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's PHI for non-treatment, non-payment or non-operations purposes. Use of your child's PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your child's information to file your insurance claim. We also will not provide an accounting of disclosures made to you about your child, or incident to a use or disclosure we are permitted to make as described above, or pursuant to an authorization. It also excludes disclosures we may have made to family members or friends involved in your child's care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule), or as part of a limited data set disclosure. In order to obtain an accounting of disclosures, you must submit your request in writing to the Site Manager. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

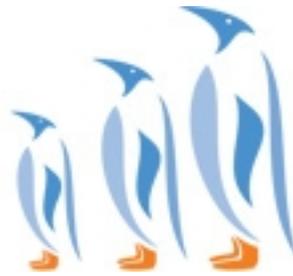
Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of privacy practices, even if you have agreed to accept this Notice electronically. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the practice's Privacy Officer or visit our website at www.my1stdentist.com.

ADDITIONAL INFORMATION; COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your child's privacy rights, or you disagree with a decision we made about access to your child's protected health information or in response to a request you made to amend or restrict the use or disclosure of your child's protected health information, you may file a complaint to us using the contact information listed. You also may submit a written 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 Services upon request.

We support your right to the privacy of your child's health information. You will not be penalized for filing a complaint. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: Nancy O. McStay, Practice Manager, Holdbrook Pediatric Dental, LLC
Telephone: 856-783-0444 Fax: 856-783-0445
Address: 250 Haddonfield-Berlin Road, Suite 101, Gibbsboro, New Jersey 08026



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

By signing this form, I acknowledge that I received the Notice of Privacy Practices for Holdbrook Pediatric Dental, LLC, which provides information about how its practice may use and disclose my child's protected health information:

Name of Patient

Signature of Patient
(or Patient's Parent, Guardian or
Personal Representative)

Date of Receipt

Parent, Guardian or Personal Representative
Information (if applicable):

Name of Parent, Guardian or
Personal Representative

Relationship to Patient or Description of
Authority to Act on Patient's Behalf