

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.

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit our office, we make a record of your visit in order to manage the care you receive. We understand that the medical information that is recorded about you and your health is personal. The confidentiality and privacy of your health information is also protected under both state and federal law.

This Notice of Privacy Practices describes how this office may use and disclose your information and the rights that you have regarding your health information.

OUR RESPONSIBILITIES

We are required to (i) maintain the privacy of your medical information as required by law; (ii) provide you with this Notice of Privacy Practices stating our legal duties and privacy practices with respect to your medical information; (iii) abide by the terms of this Notice of Privacy Practices; and (iv) notify you following a breach of your medical information that is not secured in accordance with certain security standards.

For records related to substance use disorder (SUD) treatment received from a federally assisted program (“Part 2 program”), we have additional legal obligations under 42 CFR Part 2, including obtaining specific consent before most uses and disclosures of such records and protecting them from disclosure in legal proceedings except as permitted by law. See the “Special Protections for Substance Use Disorder (SUD) Treatment Records” section of this Notice for full details.

We reserve the right to change the terms of this Notice of Privacy Practices and to make the provisions of the new Notice of Privacy Practices effective for all medical information that we maintain. If we change the terms of this Notice of Privacy Practices, the revised Notice of Privacy Practices will be made available upon request and posted at our office. Copies of the current Notice of Privacy Practices may be obtained by contacting the Office Manager.

How We Will Use or Disclose Your Health Information

Note on Specially Protected Information: Some information — such as HIV-related information, genetic information, alcohol and/or substance use disorder (SUD) treatment records, and mental health records — may be entitled to special confidentiality protections under applicable state or federal law (including 42 CFR Part 2). We will abide by these special protections as they pertain to applicable cases involving these types of records. Please see the “Special Protections for Substance Use Disorder (SUD) Treatment Records” section of this Notice for details on how we handle Part 2 records.

Treatment: We will use your health information for treatment. For example, information obtained by the orthodontist or other members of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your orthodontist will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations, so the physician will know how you are responding to treatment. We will also provide your physician, or a subsequent healthcare provider, with copies of various reports that should assist him or her in treating you.

Payment: We will use your health information for payment. For example, a bill may be sent to you or your health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Health Care Operations: We will use your health information routinely for our regular health care operations without any special permissions. For example, we may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used in a continued effort to improve the quality and effectiveness of the services we provide. If we need to disclose your health information outside our office for these reasons, we will ask you for special permission.

Business Associates: We may enter into contracts with persons or entities known as business associates that provide services to or perform functions on our behalf. Examples include our accountants, consultants, and attorneys. We may disclose your health information to our business associates so they can perform the job we have asked them to do, once they have agreed in writing to safeguard your information.

Notification: We may use or disclose information to assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided to us, *e.g.*, on an answering machine.

Communication With Family: We may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Appointment Reminders: We may contact you to provide appointment reminders or information about treatment alternatives.

Funeral Directors and Coroners: We may disclose your health information to funeral directors, and to coroners or medical examiners, to carry out their duties consistent with applicable law.

Organ Procurement Organizations: Consistent with applicable law, we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Research: We may disclose your health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may also disclose your health information to people preparing to conduct a research project, so long as the health information is not removed from us. We may also use and disclose your health information to contact you about the possibility of enrolling in a research study.

Fundraising: We may contact you as part of our fundraising efforts; however, you may opt-out of receiving such communications. You have the right to receive clear notice in advance of any fundraising communications and to elect not to receive them. Any fundraising communication we send will include instructions on how to opt out, and we will honor all opt-out requests. Please note that fundraising communications will never include substance use disorder treatment information protected under 42 CFR Part 2.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary, to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health Activities: As required by law, we may disclose your health information to public health, or legal authorities, charged with preventing or controlling disease, injury, or disability.

Health Oversight Activities: We may disclose your health information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety of other individuals.

Judicial and Administrative Proceedings: We may disclose your health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.

Important exception for Part 2 records: If the information requested is a substance use disorder treatment record protected under 42 CFR Part 2, a subpoena or standard court order alone is not sufficient. Disclosure of Part 2 records in any civil, criminal, administrative, or legislative proceeding requires either your specific written consent or a court order that satisfies all requirements of 42 CFR Part 2, including providing you with notice and an opportunity to be heard before the order is issued.

Law Enforcement Purposes / Serious Threat to Health or Safety: We may disclose your health information to enforcement officials for law enforcement purposes under certain circumstances and subject to certain conditions. We may also disclose your health information to prevent or lessen a serious and imminent threat to a person or the public (when the disclosure is made to someone we believe can prevent or lessen the threat) or to identify or apprehend an escapee or violent criminal.

Victims of Abuse, Neglect, and Domestic Violence: In certain circumstances, we may disclose your health information to appropriate government authorities if there are allegations of abuse, neglect, or domestic violence.

Essential Government Functions: We may disclose your health information for certain essential government functions (*e.g.*, military activity and for national security purposes).

The following uses and disclosures will be made only with your authorization: (i) with limited exceptions, uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in this notice. You may revoke your authorization at any time in writing, except to the extent that we have taken action in reliance on the use or disclosure indicated in the authorization.

Special Protections for Substance Use Disorder (SUD) Treatment Records

Federal law (42 CFR Part 2) provides heightened confidentiality protections for records related to substance use disorder (SUD) diagnosis, treatment, or referral that originate from a federally assisted SUD treatment program (a “Part 2 program”). If our office receives or maintains any such records about you, the following special rules apply in addition to HIPAA.

Consent Required for Most Uses and Disclosures: Unlike standard HIPAA records, Part 2 records generally may not be used or disclosed without your written consent, even for treatment, payment, or healthcare operations purposes, except in limited circumstances such as a bona fide medical emergency, public health reporting, audits, or cause-of-death inquiries. There are two types of consent that may apply:

- **General Consent:** Permits our office to use and disclose Part 2 records for treatment, payment,

and healthcare operations in the same manner as HIPAA allows for other health information.

- **Specific Consent:** Limits our office to using or disclosing Part 2 records only for the exact purpose(s) stated in the consent. We may not use or share the information for any other purpose.

Prohibition on Use in Legal Proceedings: Part 2 records may **not** be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without either (1) your specific, written Part 2-compliant consent, or (2) a court order that meets all requirements of 42 CFR Part 2. A subpoena or other lawful process alone is not sufficient to compel disclosure of Part 2 records — a qualifying court order is required. You must generally receive notice and an opportunity to be heard before such an order is issued.

Prohibition on Re-Disclosure: Any person or entity that receives your Part 2 records from us is prohibited from re-disclosing them in a way that identifies you as having a substance use disorder, unless you have separately consented to that disclosure or a specific legal exception applies.

Your Rights Regarding Part 2 Records: You have the right to (i) consent to or withhold consent for most uses and disclosures of your Part 2 records; (ii) revoke a consent you have previously provided; (iii) receive notice of and an opportunity to challenge any court order seeking disclosure of your Part 2 records; and (iv) file a complaint with the U.S. Department of Health and Human Services if you believe your Part 2 rights have been violated. We will not retaliate against you for exercising any of these rights or for filing a complaint.

Other Uses and Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written “authorization form.” The content of an “authorization form” is determined by federal law. The “authorization form” will be provided to you by us in either case of: (i) the Office requires your consent to provide information outside the scope within this Notice; (ii) you request an authorization form from us to provide information to a specified third party.

You do not have to sign an “authorization form” if you receive one. If you do not sign the form, we cannot make the use or disclosure as determined in the form. If you do sign a form, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing and sent to our Privacy Officer.

Your Health Information Rights

Although your health record is the physical property of this office, you have the following rights with respect to your health information:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, our general healthcare operations, and/or to a particular family member, other relatives or close personal friend. We ask that such requests be made in writing on a form provided by us. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it, except as provided below.
- If you have paid for services out-of-pocket in full, you may request that we not disclose information related solely to those services to your health plan. We ask that such requests be made in writing on a form provided by us. We are required to abide by such a request, except where we are required by law to make a disclosure. We are not required to inform other providers of such a request, so you should notify any other providers regarding such a request.
- You have the right to receive confidential communications from us by alternative means or at an alternative location. Such a request must be made in writing, and submitted to the Privacy Officer. We will attempt to accommodate all reasonable requests.
- You may request to inspect and/or obtain copies of health information about you, which will be

provided to you in the time frames established by law. If we maintain your health information electronically in a designated record set, you may obtain an electronic copy of the information. If you request a copy (paper or electronic), we will charge you a reasonable, cost-based fee.

- If you believe that any health information in your record is incorrect, or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by us to make such requests. For a request form, please contact the Privacy Officer.
- You may request that we provide you with a written accounting of disclosures made by us during the time period for which you request (not to exceed six years), as required by law. We ask that such requests be made in writing on a form provided by us. Please note that accounting does not include all disclosures, *e.g.*, disclosures to carry out treatment, payment, or healthcare operations and disclosures made to you or your legal representative or pursuant to an authorization. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.
- You have the right to be notified following a breach of your unsecured protected health information.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.

Our Notice of Privacy Practices

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this Notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have, as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our website.

For More Information or to Report a Problem

You have the right to complain to us and to the Secretary of the U.S. Department of Health and Human Services (HHS) if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

For more information or to file a complaint with us, contact our Privacy Officer via our office contact information. To file a complaint with the Secretary of HHS, send your complaint to: Office for Civil Rights — Region IX (Pacific) 90 7th Street, Suite 4-100 San Francisco, CA 94103 Phone: (415) 437-8310 Fax: (415) 437-8329 TDD: (415) 437-8311.

If you have any questions or want more information about this Notice of Privacy Practices, please contact our Privacy Officer.

Effective August 1st, 2026.