

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 CAREFULLY.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect February 16, 2026, 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, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice 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.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

Treatment. We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

Payment. We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

Healthcare Operations. We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals Involved in Your Care or Payment for Your Care. We may disclose your health information to your family

or friends or any other individual identified by you when they participate in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Disaster Relief. We may use or disclose your health information to assist in disaster relief efforts.

Required by Law. We may use or disclose your health information when we are required to do so by law.

Public Health Activities. We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury, or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition, or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence

National Security. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized

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federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

Secretary of HHS. We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Workers' Compensation. We may disclose your PHI 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.

Law Enforcement. We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors. We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to perform their duties.

Fundraising. We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

SUD Treatment Information. If we receive or maintain any information about you from a substance use disorder

treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose your Part 2 Program record for treatment, payment, and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program records only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program records, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

OTHER USES AND DISCLOSURES OF PHI

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law.) You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already acted in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS

Access. You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting. With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with

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applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. 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 the additional requests.

Right to Request a Restriction. You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Alternative Communication. You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Amendment. You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We

may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to Notification of a Breach. You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice. You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our website or by electronic mail (e-mail).

QUESTIONS AND 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 privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact listed at the end of this Notice. 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 health information. 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 OFFICIAL NAME AND CONTACT INFORMATION

Privacy Official Name: Rand Dental Associates, P.A.

Telephone: 973-927-8800

Fax: 973-252-9702

Address: 191 US Highway 206, Suite 11, Flanders, NJ 07836

Email: FrontDesk@RandDental.com

Aviso de Prácticas de Privacidad

ESTE AVISO DESCRIBE CÓMO PUEDE USARSE Y DIVULGARSE SU INFORMACIÓN DE SALUD Y CÓMO PUEDE OBTENER ACCESO A ESTA INFORMACIÓN. POR FAVOR, REVÍSELO CUIDADOSAMENTE.

Estamos obligados por ley a mantener la privacidad de la información de salud protegida, a proporcionar a las personas un aviso de nuestras obligaciones legales y prácticas de privacidad con respecto a la información de salud protegida, y a notificar a las personas afectadas en caso de una violación de información de salud protegida no asegurada. Debemos cumplir con las prácticas de privacidad descritas en este Aviso mientras esté vigente. Este Aviso entra en vigor el 16 de febrero de 2026 y permanecerá vigente hasta que lo reemplacemos.

Nos reservamos el derecho de cambiar nuestras prácticas de privacidad y los términos de este Aviso en cualquier momento, siempre que dichos cambios estén permitidos por la ley aplicable, y de hacer que las nuevas disposiciones del Aviso sean efectivas para toda la información de salud protegida que mantenemos. Cuando realicemos un cambio significativo en nuestras prácticas de privacidad, modificaremos este Aviso y lo publicaremos de manera clara y visible en nuestra ubicación, y proporcionaremos copias del nuevo Aviso a solicitud.

Puede solicitar una copia de nuestro Aviso en cualquier momento. Para obtener más información sobre nuestras prácticas de privacidad o copias adicionales de este Aviso, comuníquese con nosotros utilizando la información que aparece al final de este Aviso

CÓMO PODEMOS USAR Y DIVULGAR SU INFORMACIÓN DE SALUD

Podemos usar y divulgar su información de salud para diferentes propósitos, incluidos tratamiento, pago y operaciones de atención médica. Para cada una de estas categorías, proporcionamos una descripción y un ejemplo. Cierta información, como la relacionada con VIH, información genética, registros de tratamiento por uso de alcohol y/o sustancias, y registros de salud mental, puede tener protecciones especiales de confidencialidad conforme a las leyes estatales o federales aplicables. Cumpliremos con estas protecciones especiales según corresponda.

Tratamiento. Podemos usar y divulgar su información de salud para su tratamiento. Por ejemplo, podemos divulgar su información a un especialista que le esté brindando tratamiento.

Pago. Podemos usar y divulgar su información de salud para obtener el reembolso por el tratamiento y los servicios que recibe de nosotros u otra entidad involucrada en su atención. Las actividades de pago incluyen facturación, cobros, gestión de reclamaciones y determinaciones de elegibilidad y cobertura para obtener el pago de usted, una

compañía de seguros u otro tercero. Por ejemplo, podemos enviar reclamaciones a su plan dental que contengan cierta información de salud.

Operaciones de Atención Médica. Podemos usar y divulgar su información de salud en relación con nuestras operaciones de atención médica. Estas incluyen actividades de evaluación y mejora de calidad, programas de capacitación y actividades de licenciamiento.

Personas Involucradas en su Atención o en el Pago de su Atención. Podemos divulgar su información de salud a familiares, amigos u otras personas identificadas por usted que participen en su atención o en el pago de la misma. Además, podemos divulgar información a un representante del paciente. Si una persona tiene autoridad legal para tomar decisiones de atención médica en su nombre, la trataremos como lo trataríamos a usted con respecto a su información de salud.

Ayuda en Casos de Desastre. Podemos usar o divulgar su información de salud para ayudar en esfuerzos de socorro en casos de desastre.

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Requerido por la Ley. Podemos usar o divulgar su información de salud cuando la ley así lo exija.

Actividades de Salud Pública. Podemos divulgar su información de salud para actividades de salud pública, incluyendo para:

- Prevenir o controlar enfermedades, lesiones o discapacidades;
- Reportar abuso o negligencia infantil;
- Reportar reacciones a medicamentos o problemas con productos o dispositivos;
- Notificar a personas sobre retiros, reparaciones o reemplazos de productos o dispositivos;
- Notificar a una persona que pueda haber estado expuesta a una enfermedad o condición; o
- Notificar a la autoridad gubernamental correspondiente si creemos que un paciente ha sido víctima de abuso, negligencia o violencia doméstica.

Seguridad Nacional. Podemos divulgar información de salud a autoridades militares bajo ciertas circunstancias. También podemos divulgar información a funcionarios federales autorizados para actividades legales de inteligencia, contrainteligencia y otras actividades de seguridad nacional. Podemos divulgar información a instituciones correccionales o autoridades policiales que tengan custodia legal de un recluso o paciente.

Secretario del Departamento de Salud y Servicios Humanos (HHS). Divulgaremos su información de salud al Secretario del Departamento de Salud y Servicios Humanos de los Estados Unidos cuando sea necesario para investigar o determinar el cumplimiento con HIPAA.

Compensación para Trabajadores. Podemos divulgar su información de salud protegida según lo autoricen y requieran las leyes relacionadas con la compensación para trabajadores u otros programas similares establecidos por ley.

Cumplimiento de la Ley. Podemos divulgar su información de salud protegida para fines de cumplimiento de la ley según lo permita HIPAA, lo exija la ley o en respuesta a una citación u orden judicial.

Actividades de Supervisión de Salud. Podemos divulgar su información a una agencia de supervisión para actividades autorizadas por la ley, como auditorías, investigaciones, inspecciones y procesos de acreditación o licenciamiento.

Procedimientos Judiciales y Administrativos. Si usted está involucrado en una demanda o disputa, podemos

divulgar su información en respuesta a una orden judicial o administrativa, o a una citación u otro proceso legal, siempre que se hayan realizado esfuerzos para notificarle o para obtener una orden que proteja la información solicitada.

Investigación. Podemos divulgar su información de salud protegida a investigadores cuando su estudio haya sido aprobado por una junta de revisión institucional o de privacidad que haya establecido protocolos para proteger su información.

Médicos Forenses, Examinadores Médicos y Directores de Funerarias. Podemos divulgar su información a un médico forense o examinador médico para identificar a una persona fallecida o determinar la causa de muerte, y a directores de funerarias según la ley aplicable.

Recaudación de Fondos

Podemos comunicarnos con usted para informarle sobre actividades patrocinadas por nosotros, incluidos programas de recaudación de fondos, según lo permita la ley. Puede optar por no recibir dichas comunicaciones.

Información sobre Tratamiento por Trastorno por Uso de Sustancias (SUD). Si recibimos información de un programa cubierto por 42 CFR Parte 2 mediante su consentimiento general para fines de tratamiento, pago u operaciones, podremos usarla y divulgarla para esos fines conforme a este Aviso. Si recibimos dicha información mediante un consentimiento específico, la utilizaremos únicamente según lo autorizado expresamente por usted.

En ningún caso usaremos o divulgaremos registros de un Programa Parte 2, ni testimonio que describa dicha información, en procedimientos civiles, penales, administrativos o legislativos sin su consentimiento o una orden judicial adecuada.

OTROS USOS Y DIVULGACIONES

Se requiere su autorización, con pocas excepciones, para divulgar notas de psicoterapia, usar o divulgar información con fines de mercadeo, o vender información de salud protegida. Puede revocar su autorización por escrito en cualquier momento.

SUS DERECHOS SOBRE SU INFORMACIÓN DE SALUD

Acceso. Tiene derecho a revisar u obtener copias de su información de salud con ciertas excepciones. La solicitud debe hacerse por escrito. Podemos cobrar una tarifa razonable basada en costos.

Informe de Divulgaciones. Tiene derecho a recibir un informe de ciertas divulgaciones de su información de salud.

Derecho a Solicitar Restricciones. Puede solicitar restricciones adicionales sobre el uso o divulgación de su

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información. No estamos obligados a aceptar su solicitud, excepto en circunstancias específicas relacionadas con pagos realizados en su totalidad.

Comunicación Alternativa. Puede solicitar que nos comuniquemos con usted por medios alternativos o en ubicaciones alternativas.

Enmienda. Puede solicitar que modifiquemos su información de salud si considera que es incorrecta o incompleta.

Notificación de Violación. Recibirá notificación de cualquier violación de su información de salud protegida no asegurada según lo exija la ley.

Aviso Electrónico. Puede solicitar una copia impresa de este Aviso incluso si aceptó recibirlo electrónicamente.

PREGUNTAS Y QUEJAS

Si desea más información sobre nuestras prácticas de privacidad o desea presentar una queja, comuníquese con nosotros. También puede presentar una queja por escrito ante el Departamento de Salud y Servicios Humanos de los Estados Unidos. No tomaremos represalias en su contra por presentar una queja.

FUNCIONARIO DE PRIVACIDAD Y CONTACTO

Nombre del Funcionario de Privacidad: Rand Dental Associates, P.A.
Teléfono: 973-927-8800
Fax: 973-252-9702
Dirección: 191 US Highway 206, Suite 11, Flanders, NJ 07836
Correo electrónico: FrontDesk@RandDental.com