

Notice of Privacy Practices

Pursuant to the HIPAA Privacy Rule — 45 CFR §§ 164.520

SMILE TRUST DENTAL GROUP, INC.

Address: 4200 W Cypress St Ste 690, Tampa, Florida 33607

Phone: (800) 221-0401

Effective Date: 05/28/2026

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.

This practice is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of your protected health information (PHI) and to provide you with this notice explaining our legal duties and privacy practices. We are required to abide by the terms of this notice as currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment

We may use your health information to provide, coordinate, or manage your healthcare and related services. For example, we may share your information with a specialist to whom we refer you, a pharmacy filling your prescription, or a laboratory performing tests ordered by your provider.

For Payment

We may use and disclose your health information to bill and collect payment for the services we provide. For example, we may send a claim to your health insurance plan that includes information identifying you, your diagnosis, and the treatment provided.

For Healthcare Operations

We may use and disclose your health information for activities necessary to run our practice and ensure quality care. This includes quality assessment, employee training, accreditation, licensing, credentialing, and conducting or arranging for business management and general administrative activities.

OTHER USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

We may also use or disclose your health information without your written authorization for the following purposes, as permitted or required by law:

- **As required by law** — when federal, state, or local law requires disclosure.
- **Public health activities** — to public health authorities for preventing disease, injury, or disability; reporting births, deaths, or suspected abuse/neglect.

- **Health oversight activities** — to a health oversight agency for audits, investigations, inspections, or licensing.
- **Judicial and administrative proceedings** — in response to a court order or, in certain cases, a subpoena.
- **Law enforcement purposes** — as required by law or in response to a valid court order, warrant, or administrative request.
- **Coroners, funeral directors, organ donation** — to identify a deceased person, determine cause of death, or facilitate organ/tissue donation.
- **Workers' compensation** — as authorized by workers' compensation laws.
- **Serious threats to health or safety** — to prevent or lessen a serious and imminent threat to a person or the public.
- **Military and veterans** — if you are a member of the armed forces, as required by military command authorities.
- **Inmates** — if you are an inmate of a correctional institution, for the institution's provision of healthcare, safety, or security.

SUBSTANCE USE DISORDER (SUD) RECORDS

As of February 16, 2026, federal regulations (42 CFR Part 2) align SUD patient records more closely with HIPAA. If we maintain substance use disorder treatment records, those records receive the same protections described in this notice. We will not use or disclose SUD records for civil, criminal, administrative, or legislative proceedings against you without your written consent, except as permitted by law. Any unauthorized re-disclosure of SUD records is prohibited by federal law.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your health information for purposes not described in this notice. Specifically, we must have your authorization for:

- Most uses and disclosures of **psychotherapy notes**
- Uses and disclosures for **marketing purposes**
- Disclosures that constitute a **sale of your health information**
- Any other uses and disclosures not described in this notice

You may **revoke** any authorization you provide, in writing, at any time. Revocation will not affect any actions already taken in reliance on the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Access

You have the right to inspect and obtain a copy of your health information maintained by us, including medical and billing records. We may charge a reasonable, cost-based fee for copies. We must respond within 30 days (one 30-day extension permitted).

Right to Amend

You have the right to request an amendment to your health information if you believe it is incorrect or incomplete. We may deny the request in certain circumstances but must provide a written explanation.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your health information. This does not include disclosures for treatment, payment, or healthcare operations, or disclosures you authorized in writing.

Right to Request Restrictions

You have the right to request that we limit how we use or disclose your health information for treatment, payment, or healthcare operations. We are not required to agree except when you request we not disclose information to your health plan for services you paid for in full out of pocket.

Right to Confidential Communications

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only by mail or at a specific phone number.

Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time, even if you have previously agreed to receive it electronically.

Right to Be Notified of a Breach

You have the right to be notified if there is a breach of your unsecured protected health information. We will notify you in writing without unreasonable delay and no later than 60 days after discovery of the breach.

OUR DUTIES

This practice is required by law to:

- Maintain the privacy of your protected health information.
- Provide you with this notice of our legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice that is currently in effect.

- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change the terms of this notice and to make new provisions effective for all protected health information we maintain. If we revise this notice, we will make the revised notice available upon request and post it in our facility.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the U.S. Department of Health and Human Services.

To file with us:

Contact our Privacy Officer at Phone: (800) 221-0401, Email: info@smiletrustdental.com

To file with HHS: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. visit www.hhs.gov/ocr/privacy/hipaa/complaints.

You will not be penalized or retaliated against for filing a complaint.