

FORRESTER FAMILY DENTAL dba LIFETIME DENTAL

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. The privacy of your health information is important to us.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person. Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. This medical information is used by Forrester Family Dental dba Lifetime Dental in many ways while performing normal business activities. Your protected health information may be used or disclosed by Forrester Family Dental dba Lifetime Dental for purposes of treatment, payment, and health care operations. Health care professionals use medical information in the practice to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. Forrester Family Dental dba Lifetime Dental may use or disclose your health information for case management and services. Forrester Family Dental dba Lifetime Dental may send the medical information to insurance companies or other agencies to pay for the services provided you. Your information may be used by certain department personnel to improve Forrester Family Dental dba Lifetime Dental's health care operations. Forrester Family Dental dba Lifetime Dental also may send you appointment reminders, information about treatment options, or other health-related benefits and services. Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include but are not limited to:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits
- Court orders, warrants, or subpoenas
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

Other uses and disclosures of your protected health information by Forrester Family Dental dba Lifetime Dental will require your written authorization. This authorization will have an expiration date that can be revoked by you in writing.

INDIVIDUAL RIGHTS

You have the right to request Forrester Family Dental dba Lifetime Dental to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. Forrester Family Dental dba Lifetime Dental is not required to agree to any restriction. You have the right to be assured that your information will be kept confidential. Forrester Family Dental dba Lifetime Dental will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you. You have the right to inspect and receive a copy of your protected health information that is maintained by Forrester Family Dental dba Lifetime Dental within 30 days of Forrester Family Dental dba Lifetime Dental's receipt of your request to obtain a copy of your protected health information. You must complete Forrester Family Dental dba Lifetime Dental's Authorization to Disclosure Confidential Information form. If there are delays in getting you the information, you will be told the reason for the delay and the anticipated date when you will receive your information. You may be denied access as specified by law. If you choose to receive a copy of your protected health information, you have the right to receive the information in the form or format you request. If Forrester Family Dental dba Lifetime Dental cannot produce it in that form or format, it will give you the information in a readable hard copy form or another form or format that you and Forrester Family Dental dba Lifetime Dental agree to. Records are maintained for specified periods of time in accordance with the law. If your request covers information beyond that time Forrester Family Dental dba Lifetime Dental is required to keep the record, the information may no longer be available. You have the right to correct your protected health

information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. Forrester Family Dental dba Lifetime Dental may deny your request, in whole or part, if it finds the protected health information: • Was not created by Forrester Family Dental dba Lifetime Dental. • Is not protected health information. • Is by law not available for your inspection. • Is accurate and complete. If your correction is accepted, Forrester Family Dental dba Lifetime Dental will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. Forrester Family Dental dba Lifetime Dental may respond to your letter in writing. You have the right to receive a summary of certain disclosures Forrester Family Dental dba Lifetime Dental may have made of your protected health information. This summary does not include: • Disclosures made to you. • Disclosures to individuals involved with your care. • Disclosures authorized by you. • Disclosures made to carry out treatment, payment, and health care operations. • Disclosures for public health. • Disclosures to health professional regulatory purposes. • Disclosures to report abuse of children, adults, or disabled. • Disclosures prior to April 14, 2003. This summary does include disclosures made for: • Purposes of research, other than those you authorized in writing. • Responses to court orders, subpoenas, or warrants. You may request a summary for not more than a 6-year period from the date of your request. If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request. Forrester Family Dental dba Lifetime Dental may mail or call you with healthcare appointment reminders.

FORRESTER FAMILY DENTAL DBA LIFETIME DENTAL DUTIES

Forrester Family Dental dba Lifetime Dental is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how Forrester Family Dental dba Lifetime Dental keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. Forrester Family Dental dba Lifetime Dental has the responsibility to notify you following a breach of your unsecured protected health information. As part of Forrester Family Dental dba Lifetime Dental's legal duties this Notice of Privacy Practices must be given to you. Forrester Family Dental dba Lifetime Dental is required to follow the terms of the Notice of Privacy Practices currently in effect. Forrester Family Dental dba Lifetime Dental may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised notices of privacy practices will be posted on Forrester Family Dental dba Lifetime Dental website at <http://www.lifetimedental.us> and will be available by email and at Forrester Family Dental dba Lifetime Dental's office.

COMPLAINTS

If you believe your privacy health rights have been violated, you may file a complaint with the: Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03, Tallahassee, FL 32399-1704/Telephone 850-245-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201/Telephone 202-619-0257 or toll free 877-696-6775. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. Forrester Family Dental dba Lifetime Dental will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the owner or practice manager of Forrester Family Dental dba Lifetime Dental where you received the notice.

EFFECTIVE DATE

This Notice of Privacy Practices is effective beginning October 26, 2022 and shall be in effect until a new Notice of Privacy Practices is approved and posted.