smilebliss ORTHODONTICS

NOTICE OF Privacy Policies

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. If you have any questions about this Notice, please contact the Privacy Officer.

Practice Address: 3711 W. Vine, Kissimmee, FL 34741

Practice Phone Number: 407-201-4582 Email Address: infokissimmee@smilebliss.com

Effective Date: 09/06/2026 Revised: 02/17/2026

We are committed to protecting the privacy of your personal health information (PHI).

This Notice of Privacy Practices (Notice) describes how we may use within our practices or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment, or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice.

We may change our Notice, at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by:

- Posting the new Notice in our office.
- If requested, making copies of the new Notice available in our office or by mail.
- Posting the revised Notice on our website www.smilebliss.com.

Uses and Disclosures of Health Information

We may use or disclose (share) your PHI to provide health care treatment for you.

We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

We may use and disclose your PHI to obtain payment for services.

We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for.
PHI may be shared with the following:

- Billing companies
- Insurance companies, health plans
- Government agencies to assist with qualification of benefits
- Collection agencies

Example: We give information about you to your health insurance plan so it will pay for your services.

We May Use or Disclose Your PHI to Support the Business Activities of this Practice (Health Care Operations).

We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

We may use and disclose your PHI in other situations without your permission:

If required by law: We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public health activities: Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health oversight agencies: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Legal proceedings: To assist in any legal proceeding or in response to a court order, under certain conditions, in response to a subpoena, or other lawful process.

Police or other law enforcement purposes: Your PHI may be used or shared with police for law enforcement purposes, such as to help find a suspect, witness, or missing person.

Coroners, funeral directors: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law.

Medical research: We may disclose your protected 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 protected health information.

Special government purposes: Information may be shared for national security purposes, or if you are a member of the military, to the military under limited circumstances.

Victims of Abuse, Neglect or Domestic Violence: Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Correctional institutions: Information may be shared if you are an inmate or under custody of law, which is necessary for your health or the health and safety of other individuals.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Other uses and disclosures of your health information.

Business Associates: Some services are provided using contracted entities called "business associates." We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcription services.

Health Information Exchange: We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

Fundraising activities: We may contact you to raise money. You may opt out of receiving such communications.

Treatment alternatives: We may provide you notice of treatment options or other health related services that may improve your overall health.

Appointment reminders: We may contact you as a reminder about upcoming appointments or treatment.

We may use or disclose your PHI in the following situations UNLESS you object.

- We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss post-procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
- We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death.
- We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

Additional Restrictions on Use and Disclosure

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: alcohol and substance use disorders, biometric information, child or adult abuse or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

Substance Use Disorder (SUD) Information

Although we are not a substance use disorder treatment program under federal law (a "SUD Program"), we may receive information from a SUD Program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

The following uses and disclosures of PHI require your written authorization:

- Marketing
- Disclosures for any purposes which require the sale of your information.
- Release of psychotherapy notes: Psychotherapy notes are notes by a mental health professional for the purpose of documenting a conversation during a private session. This session could be with an individual or with a group. These notes are kept separate from the rest of the medical record and do not include medications and how they affect you, start and stop time of counseling sessions, types of treatments provided, results of tests, diagnosis, treatment plan, symptoms, prognosis.

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on

Your Privacy Rights

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing.

You have the right to see and obtain a copy of your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. If requested, we will provide you with a copy of your records in electronic format. There are some exceptions to records which may be copied, and the request may be denied. We may charge you a reasonable cost-based fee for a copy of records.

You have the right to request a restriction of your protected health information. You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request, we will honor the restriction request unless the information is needed to provide emergency treatment.

There is one exception: We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

You have the right to request us to communicate in different ways or in different locations. We will agree to reasonable requests. We may also request an alternative address or other method of contact, such as mailing information to a post office box. We will not ask for an explanation from you about the request.

You have the right to request an amendment of your health information. You may request an amendment of your health information if you feel that the information is not correct, along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment, at which time you will have an opportunity to disagree.

You have the right to a list of people or organizations who have received your health information from us. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter timeframe. If you request more than one list within a 12-month period, you may be charged a reasonable fee.

Additional Privacy Rights

- You have the right to obtain a paper copy of this notice from us upon request. We will provide you with a copy of this Notice the first day we treat you at our facility. In an emergency, we will give this Notice as soon as possible.
- You have a right to receive notification of any breach of your protected health information.

Complaints

If you think we have violated your rights, or you have a complaint about our privacy practices, you can contact:

Practice Address: 3711 W. Vine, Kissimmee, FL 34741

Practice Phone Number: 407-201-4582

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W. Room 509F HHH Bldg.
Washington, D.C. 20201

If you file a complaint, we will not retaliate against you for filing a complaint.
This notice was published and becomes effective on 02/17/2026