

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION 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.

Our Legal Duty

Your Aspen Dental practice ("we", "our", "us"), like all other healthcare and dental practices, is required by applicable federal and state law to maintain the privacy and security of your health information. We acknowledge that there may be certain state and federal laws which are more stringent than the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In the event a state or federal law is more stringent than HIPAA, we will continue to abide by those more stringent state and federal laws, as applicable. We are required to promptly notify you in the event that a breach of your healthcare information has occurred and has compromised the privacy or security of your information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice went into effect April 14, 2003, with the latest revision on February 16, 2026, and will remain in effect until modified or replaced. 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. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available 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 according to the means outlined in this notice.

Your Rights

- **Access:** You have the right to see or get an electronic or paper copy of your medical record and other health information that we have about you.. We will provide your records in the format you request unless we cannot practicably do so. We will provide a copy or a summary of your health information, usually within 30 days or your request. We may charge a reasonable, cost-based fee for producing medical records and x-rays as allowed by law.
- **Amendment:** You can ask us to correct health information about you that you think is incorrect or incomplete. This request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances, but we'll tell you why in writing within 60 days.
- **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations (for example, home or office phone). This request must be in writing. Your request must specify the alternative means or location. We will accommodate all reasonable requests.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). When you pay in full outside of your insurance plan for services, you may request that we restrict this information and not disclose it to your healthcare plan or insurer. We will accommodate this request unless a law requires us to share that information.
- **Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associates shared your health information, for six years prior to the date you ask, for purposes other than treatment, payment, healthcare operations, and certain other activities (such as any you asked us to make), and why. 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 these additional requests.
- **Copy of Notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **File a Complaint:** 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 our handling of your 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 send your concerns to Aspen Dental, Attn: Privacy Officer, 281 Sanders Creek Parkway, East Syracuse, NY 13057 or Privacy@TeamTag.com. If you are not satisfied with our response, or disagree with a decision we made, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- **To Your Family and Friends:** You may tell us to share your health information with a family member, friend or other person to the extent necessary, to help with your healthcare or with your payment for your healthcare.
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

- **Persons Involved in Your Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare.

We will never share your information without your permission to do so for the following purposes:

- Marketing purposes
- Sale of your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.



Our Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations. We typically use or share your health information in the following ways:

- **Treatment:** We may use and disclose your health information to other healthcare professionals who are treating you.
- **Payment:** We may use and disclose your healthcare information to bill for and obtain payment of services we provide to you.
- **Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation certification, licensing, or credentialing activities.
- **Your Authorization:** In addition to our use of your health information, as outlined in this notice, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Public Health and Safety:** We can, and at times are required to, share your health information about you for certain situations, such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- **Research:** We can use or share your information for health-related research.
- **Medical Examiner/Funeral Director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Worker's Compensation, Law Enforcement, and Other Government Requests:** We can use or share health information about you for worker's compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- **Respond to Lawsuits and Legal Actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Required by Law:** We may use or disclose your health information when we are required to do so by law.
- **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).
- **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 record 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 record 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 record, 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.
- **Marketing Health-Related Services:** We may use your information internally to offer goods and services we believe may be of interest to you. We may use your information to contact you to inquire or survey about the patient experience at the location(s) visited and the prospect of future services or improvements needed to continue as your services provider. We may use your information to contact you about career opportunities with WellNow. We may also create and aggregate patient information that is not personally identifiable to understand more about the common traits and interest of our patients.

We may utilize one or more third-party service providers to send emails, texts, or other communications to you on our behalf, including patient satisfaction surveys. These service providers are prohibited from using your email address, phone number, or other contact information for any purpose other than to send communications on our behalf.

It is our intention to only send email and text message communications that would be useful to you and that you would want to receive. When you provide us with your email address and phone number as a part of the registration or appointment setting process, we will place you on our list of patients to receive informational and promotional emails and text messages.

Each time you receive a promotional email or text message, you will be provided the choice to "opt-out" of future emails by following the instructions provided.

Questions and Concerns

If you would like additional information about our privacy practices or have questions, our Privacy Officer may be reached at Privacy@TeamTag.com.

We support your right to maintain 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 Office for Civil Rights.

