NOTICE OF PRIVACY PRACTICES

Effective Date: November 4, 2026

ORTHODONTIC ASSOCIATES, P.C.

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.

Orthodontic Associates, P.C. is committed to protecting the privacy of your health information. This Notice applies to the health records created or maintained by Orthodontic Associates, P.C. and describes our privacy practices, your rights, and our legal duties concerning protected health information (PHI).

Your Rights

You have the following rights concerning your health information. To exercise a right, submit a written request to the Privacy Officer unless this Notice states otherwise.

Get an electronic or paper copy of your health record

You may inspect or obtain a copy of health and billing information that we maintain about you, usually within 30 days of your request. We may charge a reasonable, cost-based fee as permitted by law. In limited circumstances, we may deny access and will explain the reason in writing and any review rights available.

Ask us to correct your health record

You may ask us in writing to amend information that you believe is incorrect or incomplete. We may deny the request in certain circumstances, but we will explain the denial in writing, generally within 60 days. You may submit a written statement of disagreement.

Request confidential communications

You may ask us to contact you in a specific way, such as only at a particular telephone number, email address, or mailing address. We will accommodate reasonable requests.

Ask us to limit what we use or disclose

You may request restrictions on certain uses or disclosures for treatment, payment, or health care operations. We are generally not required to agree. If you pay in full out of pocket for a health care item or service, you may ask us not to disclose information about that item or service to a health plan for payment or health care operations, and we will agree unless disclosure is required by law.

Receive an accounting of disclosures

You may request a list of certain disclosures made during the six years before your request. The list will not include certain disclosures, such as those for treatment, payment, health care operations, or disclosures you authorized. One accounting in a 12-month period is free; a reasonable fee may apply to additional requests.

Get a copy of this Notice

You may obtain a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you

If you have given someone medical power of attorney, or if someone is your legal guardian or otherwise legally authorized to act for you, that person may exercise your rights. We will verify the person's authority before taking action.

File a complaint without retaliation

You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we disclose. If you have a clear preference, tell us and we will follow your instructions when reasonably possible and permitted by law.

- Family, friends, and others involved in your care or payment for your care.
- Disaster-relief situations.
- Fundraising communications, if we conduct them. You may tell us not to contact you again for fundraising.

If you are unable to tell us your preference, such as during an emergency, we may disclose information if we determine that doing so is in your best interest. We may also disclose information when necessary to lessen a serious and imminent threat to health or safety.

We will not use or disclose your information for marketing purposes or sell your information without your written authorization, except as permitted by law. Most uses and disclosures of psychotherapy notes, if we maintain them, also require written authorization.

How We May Use and Disclose Your Information

Treatment

We may use and disclose your health information to provide, coordinate, or manage your dental or orthodontic care. Example: we may share records or images with your dentist, oral surgeon, physician, laboratory, or another provider involved in your care.

Payment

We may use and disclose information to bill and collect payment from you, an insurer, or another responsible party. Example: we may submit treatment information to a dental benefit plan to determine eligibility, obtain authorization, or receive payment.

Health care operations

We may use and disclose information to operate the practice and improve care. Example: we may use information for quality assessment, staff training, credentialing, audits, compliance, business planning, and customer service.

Appointment reminders and communications about care

We may contact you by telephone, voicemail, mail, email, or text message regarding appointments, scheduling, treatment, account matters, and care-related information, consistent with your communication preferences and applicable law.

Business associates

We may disclose information to vendors that perform services for us, such as billing, information technology, records storage, communications, and practice-management services. These business associates must appropriately safeguard PHI as required by law and contract.

Public health and safety

We may disclose information for public-health activities, disease prevention, product recalls, reporting adverse reactions, suspected abuse or neglect, or preventing or reducing a serious threat to health or safety.

Health oversight

We may disclose information to government agencies for audits, investigations, inspections, licensing, disciplinary proceedings, and other legally authorized oversight activities.

Workers' compensation

We may disclose information as authorized by and necessary to comply with workers' compensation or similar programs.

Law enforcement and legal proceedings

We may disclose information in response to certain court or administrative orders, subpoenas, discovery requests, warrants, and other lawful process, subject to applicable safeguards.

Coroners, medical examiners, and funeral directors

We may disclose information as allowed or required for identification, cause-of-death determinations, and duties of funeral directors.

Organ and tissue donation

We may disclose information to organizations involved in organ, eye, or tissue donation and transplantation when applicable.

Military, national security, and protective services

We may disclose information for authorized military, national-security, intelligence, or protective-service activities as permitted by law.

Correctional institutions and custodial situations

If you are in lawful custody, we may disclose information to a correctional institution or law-enforcement official as permitted by law.

Required by law

We will disclose information when federal, state, or local law requires us to do so.

Special Protections and Required Authorizations

Substance use disorder records

Certain records relating to substance use disorder diagnosis, treatment, or referral may be subject to additional federal confidentiality protections under 42 CFR Part 2. To the extent Orthodontic Associates, P.C. receives or maintains information protected by Part 2, we will use and disclose that information only as permitted or required by applicable law. Part 2 records may be subject to additional restrictions regarding their use and disclosure.

Other uses and disclosures

Uses and disclosures not described in this Notice will be made only with your written authorization unless otherwise permitted or required by law. You may revoke an authorization in writing at any time. Revocation will not affect actions already taken in reliance on the authorization. Information lawfully disclosed to a recipient may be redisclosed by that recipient and may no longer be protected by HIPAA, although other laws may apply.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We must provide you with this Notice of our legal duties and privacy practices and follow the Notice currently in effect.
- We will notify affected individuals following a breach of unsecured protected health information as required by law.
- We reserve the right to change this Notice and make the revised Notice effective for all PHI we maintain, including information created or received before the revision. A current Notice will be available upon request, posted at our offices, and posted on our website.

Questions and Complaints

Orthodontic Associates, P.C.

Privacy Officer
Misti Malanca
Practice Manager
Orthodontic Associates, P.C.
3000 N. Kelly Avenue
Edmond, OK 73003
Phone: 405-947-1526
Email: oa@oasmiles.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting https://www.hhs.gov/ocr/privacy/hipaa/complaints/, by mail, or by calling the contact information listed on that website. We will not retaliate against you for filing a complaint.

Acknowledgment of Receipt

I acknowledge that I received or was offered a copy of Orthodontic Associates, P.C.'s Notice of Privacy Practices.

Patient Name: Date:

Patient/Representative Signature: Relationship/Authority (if applicable):

If acknowledgment was not obtained, document good-faith efforts and reason:
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