

VANTAGE POINT DENTAL STUDIO

NOTICE OF PRIVACY PRACTICES

Effective Date: 2/12/26

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.

Our Commitment to Your Privacy

At Vantage Point Dental Studio ("VPDS," "we," "us," or "our"), we are committed to protecting the privacy of your health information. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your Protected Health Information ("PHI") and explains your rights regarding that information.

We are required by law to maintain the privacy of your PHI, provide you with this Notice of our legal duties and privacy practices, notify you following a breach of your unsecured PHI, and abide by the terms of the Notice currently in effect.

This Notice applies to all records of your care generated or maintained by VPDS, whether created by your dentist, dental assistant, or any member of our staff.

How We May Use and Disclose Your Health Information

We may use and disclose your PHI for the following purposes without your written authorization:

Treatment

We may use your PHI to provide, coordinate, or manage your dental care and any related services. For example, we may share your health information with a specialist to whom we refer you, a laboratory that fabricates dental appliances for your treatment, or your physician if a medical condition affects your dental care.

Payment

We may use and disclose your PHI to bill and collect payment for your dental treatment and services. For example, we may share information with your dental insurance company to obtain payment or determine your eligibility for benefits, submit claims to your insurance carrier, or contact you regarding outstanding balances.

Healthcare Operations

We may use and disclose your PHI for activities that support the operation of our practice and ensure the quality of your care. For example, this includes quality assessment and improvement activities, staff training and education, compliance activities, and business management and general administrative functions.

Other Uses and Disclosures That Do Not Require Your Authorization

We may also use or disclose your PHI without your authorization in the following circumstances, as permitted or required by law:

As required by law — We will disclose your PHI when required to do so by federal, state, or local law.

Public health activities — We may disclose your PHI to public health authorities for purposes such as preventing or controlling disease, injury, or disability, and reporting suspected child abuse or neglect.

Health oversight activities — We may disclose your PHI to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensure actions.

Judicial and administrative proceedings — We may disclose your PHI in response to a court order or, under certain conditions, in response to a subpoena, discovery request, or other lawful process.

Law enforcement purposes — We may disclose your PHI to law enforcement officials under limited circumstances, such as in response to a court order or warrant, to identify or locate a suspect or missing person, or to report certain types of wounds or injuries.

Coroners, medical examiners, and funeral directors — We may disclose your PHI to a coroner, medical examiner, or funeral director as necessary to carry out their duties.

Organ and tissue donation — If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or transplantation.

Research — Under certain circumstances, we may use and disclose your PHI for research purposes, subject to approval by an institutional review board or privacy board.

Serious threats to health or safety — We may disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Workers' compensation — We may disclose your PHI as authorized by workers' compensation laws.

Military, veterans, and national security — If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also disclose PHI for national security and intelligence activities as required by law.

Inmates — If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official as permitted by law.

Disclosures to Family Members and Others Involved in Your Care

We may disclose your PHI to a family member, close friend, or other person you identify as being involved in your care or payment for your care. We may also disclose your PHI to notify or assist in notifying a family member or other person responsible for your care of your location, general condition, or death. If you are present and have the capacity to make healthcare decisions, we will give you the opportunity to object to such disclosures. If you are not present or are incapacitated, we may use our professional judgment to determine whether disclosure is in your best interest.

Appointment Reminders and Health-Related Communications

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

No mobile opt-in message consent will be shared with third parties or affiliates for marketing purposes.

If you consent to receive SMS from Vantage Point Dental Studio, you agree to receive conversations, customer care, financial information, appointment reminders via SMS from us.

Uses and Disclosures That Require Your Written Authorization

We will not use or disclose your PHI for the following purposes without your written authorization:

- **Marketing** — We do not use your PHI for marketing purposes. VPDS does not sell your health information.
- **Sale of PHI** — We do not sell your PHI under any circumstances.
- **Photography and social media** — We will not photograph you or use any images of your dental treatment (including tooth-only, non-identifying photographs) on social media, our website, or in any other public forum without your separate written and verbal consent. A specific consent form is provided for this purpose and is entirely voluntary.
- **Most other uses and disclosures** not described in this Notice.

You may revoke your authorization in writing at any time. Your revocation will not affect any uses or disclosures that occurred before we received your revocation.

Your Rights Regarding Your Health Information

You have the following rights regarding your PHI maintained by VPDS:

Right to Access Your Records

You have the right to inspect and obtain a copy of your PHI that is maintained in your dental record. Your request must be submitted in writing. Under Maryland law, we must provide your records within 21 working days of your written request. We may charge a reasonable, cost-based fee for copies, as permitted by Maryland law.

If you request an electronic copy and we maintain your records electronically, we will provide the copy in the electronic format you request if it is readily producible, or in a mutually agreed-upon alternative format.

We may deny your request to inspect or copy your records in certain limited circumstances. If we deny your request, we will provide you with a written explanation and information about how to request a review of the denial.

We may not refuse to disclose your records because of an unpaid balance for healthcare services.

Right to Request an Amendment

You have the right to request that we amend your PHI if you believe it is inaccurate or incomplete. Your request must be submitted in writing and must include the reason you believe an amendment is needed. We will respond within 60 days. We may deny your request under certain circumstances (for example, if we did not create the information or if we determine the information is accurate and complete). If we deny your request, we will provide a written explanation and inform you of your right to submit a written statement of disagreement.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your PHI. This accounting does not include disclosures made for treatment, payment, or healthcare operations, or disclosures you authorized in writing. Your request must be in writing and must specify the time period (not longer than six years prior to the request). The first accounting in any 12-month period is free. We may charge a reasonable fee for additional requests.

Special Protections for Reproductive Health Information

You have additional privacy protections for health information related to reproductive healthcare, including pregnancy status, contraception, pregnancy loss, and related services.

Your rights include:

- Requesting that we not disclose reproductive health information to specific persons or organizations
- Requiring that certain requesters provide a signed attestation before we release reproductive health information

Our obligations: We will not disclose your reproductive health information for investigations or proceedings against you or another person in connection with seeking, obtaining, providing, or facilitating reproductive healthcare, except in limited circumstances required by law.

If you wish to exercise these protections, please contact our Privacy Officer using the contact information at the end of this notice.

Right to Request Restrictions

You have the right to request that we restrict how we use or disclose your PHI for treatment, payment, or healthcare operations. You also have the right to request restrictions on disclosures to family members or others involved in your care. We are not required to agree to your request, except in one circumstance: if you pay for a service or item entirely out of pocket and request that we not disclose that service to your health plan, we are required to honor that request.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your health information in a particular way or at a particular location. For example, you may request that we contact you only at a certain phone number or by email instead of regular mail. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you have previously received a copy or agreed to receive it electronically. You may request a paper copy at the front desk or by contacting us using the information below.

Right to Be Notified of a Breach

You have the right to be notified if a breach occurs that may have compromised the privacy or security of your unsecured PHI. We will notify you as required by law.

Maryland-Specific Provisions

In addition to your rights under federal HIPAA law, Maryland law provides the following protections:

Medical records confidentiality — Under the Maryland Confidentiality of Medical Records Act (Health-General Article, Title 4, Subtitle 3), your dental records are confidential. We may disclose your records only as permitted or required by Maryland law, which in some cases provides stricter protections than HIPAA. Where Maryland law is more protective, we follow Maryland law.

Record retention — Maryland law requires that we maintain your dental records for a minimum of seven years from the date the record was created. For minor patients, records must be maintained until the patient reaches the age of majority plus seven years.

Timely access — Maryland law requires that we respond to your written request for records within 21 working days.

Redisclosure restrictions — Under Maryland law, any person to whom your medical record is disclosed may not redisclose it to any other person unless specifically authorized to do so.

Minor patients — Maryland law recognizes the right of minors who consent to their own treatment to control access to those specific medical records.

Our Right to Change This Notice

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all PHI we maintain, including information created or received before the change. If we make a material change to this Notice, the revised Notice will be posted in our office, made available on our website, and provided to you upon request. The effective date of the current Notice will be displayed on the first page.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer using the contact information below. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

VPDS Privacy Officer: Dr. Mikaela Frazier Vantage Point Dental Studio 160 Ritchie Highway, Suite 10A/11A Severna Park, MD 21146 Email: admin@vantagepointdentalstudio.com Phone: 667-678-4042

U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Avenue, S.W. Washington, D.C. 20201 Toll-free: 1-877-696-6775 Website: www.hhs.gov/ocr/privacy/hipaa/complaints

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

Contact Information

If you have any questions about this Notice or would like to exercise any of your rights, please contact:

Vantage Point Dental Studio 160 Ritchie Highway, Suite 10A/11A Severna Park, MD 21146
Email: admin@vantagepointdentalstudio.com Phone: 667-678-4042

This Notice is provided in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and the Maryland Confidentiality of Medical Records Act (Health-General Article, Title 4).