

Smile Art LLC (Doing business as: Smile Art Orthodontics)

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect.

This Notice takes effect

February 16, 2026, replacing the previous one, and will remain in effect until we replace it.

We reserve the right to change our privacy practices at any time, provided that applicable law permits such change/s, and the new terms of our Notice shall be effective for all health information that we maintain, including health information created or received before we made the changes. When we make a significant change in our privacy practices, we will change this Notice, post the new Notice on our website and at our practice location.

You may request a copy of our Notice at any time. The Notice will be posted in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the Notice. It will also be available on our web site (www.SmileArtOrtho.com) under "forms – New Patient Forms". For more information about our privacy practices, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose your/your child's health information in one or more of the following ways:

- To other health care providers (for example: general dentists, specialists, doctors, etc.) in connection with our rendering **treatment** to you/your child;
- To third party payors or spouses (for example: insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) to obtain **reimbursement for services** provided by us;
- To **certifying, licensing and accrediting bodies** (for example: American Board of Orthodontics, state dental boards, etc.) in connection with obtaining certification, licensure or accreditation;
- Internally, to all **staff members** who have any role in your/your child's treatment;
- To individuals who may see/overhear **incidental disclosures** about treatment, scheduling, etc.;
- To your **family or friends** or any other individual identified by you when they involved in your/your child's treatment or in the payment for such treatment. If a person has the authority by law to make health care decisions for you, we will treat that **patient representative** the same way we would treat you with respect to your health information;
- 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;
- We may use and disclose your/your child's health information in connection with our **Healthcare operations** such as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensure or credentialing activities;
- We may use or disclose your/your child's health information when we are **required to do so by law**;
- We may disclose your/your child's health information to **appropriate authorities** if we reasonably believe that you/your child is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your/your child's health information to the extent necessary to avert a serious threat to your/your child's **health or safety or the health or safety of others**;
- We may disclose to **military authorities** the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized **federal officials** the health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances;
- In addition to our use of your/your child's health information as described in this Notice, you may give us **written authorization** to use your/your child's health information or to disclose it to anyone **for any other 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.

- 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.

PATIENT RIGHTS

Under the privacy rules, you have the right to:

- Request restrictions on the use and disclosure of your/your child's protected health information;
- Request confidential communication of your/your child's protected health information;
- Inspect and obtain copies of your/your child's protected health information with limited exceptions (You must make a request in writing, and we may charge you a reasonable cost-based fee for such copies);
- Amend or modify your/your child's protected health information in certain circumstances;
- Receive an accounting of certain disclosures made by us of your/your child's protected health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. 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;
- You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights with us (by submitting inquiries to our Privacy Contact Person listed below at our office address) or the United States Secretary of Health and Human Services (which must be filed within 180 days of the violation);
- If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written upon request.

Please note that we are not obligated to:

- Honor any request by you to restrict the use or disclosure of protected health information;
- Amend protected health information if, for example, it is accurate and complete; or,
- Provide an atmosphere that is totally free of the possibility that your/your child's protected health information may be incidentally overheard by other patients and third parties.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your/your child's health information or in response to a request you made to amend or restrict the use or disclosure of your/your child's health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services (which must be filed within 180 days of the violation). We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your/your child's 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.

Contact Officer: [Monica Teredesai, D.M.D.](#) Address: [126 Old Ridgefield Road, Wilton, CT 06897](#)

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