

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU 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 We are required by applicable federal and state law to maintain the privacy of your health 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 are also required by law 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 7th 2026 (latest update) and will remain in effect until we replace it.

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, or download it from our website at: www.kidentist.com

USES AND DISCLOSURES OF HEALTH INFORMATION We use and disclose personal health information (PHI) about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your PHI to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your PHI 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, research, certification, licensing or credentialing activities.

To Your Family and Friends: We must disclose your PHI to you as described in the Patient Rights section of this Notice. We may disclose your PHI to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare; but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose PHI 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 PHI based on determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or dispute of any kind, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization. Regarding SMS messaging and emails, please read our notice on **POLICY ABOUT TEXT MESSAGES AND EMAILS**

Required by Law: We may use or disclose your PHI when we are required to do so by law. This includes the Secretary of Health and Human Services (HHS) when required to investigate or determine compliance with HIPAA.

Coroners, Medical Examiners and Funeral Directors: We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine their cause of death. We may also disclose your PHI to funeral directors consistent with applicable law to enable them to perform their duties.

Public Health Activities: We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may also disclose your PHI to prevent or control disease, injury or disability, to report child abuse or neglect, to notify a person of a recall, repair or replacement of products or devices, to notify a person/s of possible exposure to disease and to report reactions to medications or problems with products or devices.

Workers Compensation: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Fundraising: We may also contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you DO NOT wish to receive such information, you may opt out of receiving these communications.

National Security: We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose your PHI to authorized federal officials when required for lawful intelligence, counterintelligence, and other national security activities. We may disclose your PHI to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to appointment reminder companies (i.e Weave) to provide you with appointment reminders (such as Email, text-messages, voicemail messages, postcards, or letters). To comply with 10DLC

Terms and Conditions, please read form on **POLICY ABOUT TEXT MESSAGES AND EMAILS** which is available at the front of our office.

SUD Treatment Information: If we receive or maintain any information about you from a substance use disorder (SUD) 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 operation purposes as described on this notice. If we receive or maintain your Part 2 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 your consent provided to us. In no event we will 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 with notice of such order.

Your Authorization: In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your PHI 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.

Your Health Information Rights

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. We may charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting: Except for certain disclosures, you have the right to receive an accounting of disclosures of your PHI in accordance with applicable laws and regulations. To request an accounting of disclosures of your PHI, you must submit a request in writing to the privacy officer (Office Manager or Doctor). If you request this disclosure for more than once in a 12-month period we may charge you a reasonable cost-based fee for responding to the additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. This request must be made in written form to our privacy officer and must include: 1. What information you want to limit. 2. Whether you want to limit our use, disclosure or both. 3. To whom you want the limits to apply. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency.

Alternative Communication: You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations and this request must be made in writing to our privacy officer. Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be made under the alternative means or location you request. We will do our best to accommodate all reasonable requests, however, if we're unable to contact you using the ways or locations you have "requested", we may contact you using the information we have.

Amendment: You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS If you want more information about our privacy practices or have questions or concerns, please contact us at the address or phone number provided on this website (www.kidentist.com). Our office Contact is Dr. Dorantes and he may be reached at (509)966-4433 or fax (509)966-1021. You may also contact us at officemanager@kidentist.com

If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your health information, or in 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 complain to us using the contact information listed above. You also may submit a written complaint to the U.S. Department of Health and Human Services. 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 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.