NOTICE OF PRIVACY PRACTICES

CLEAR ESSENCE FAMILY DENTISTRY

Effective Date: September 9, 2026

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

Clear Essence Family Dentistry ("CEFD," "we," "our," or "us") is committed to protecting the privacy and confidentiality of your health information.

We are required by law to maintain the privacy and security of your Protected Health Information (PHI), provide you with this Notice of our legal duties and privacy practices and follow the terms of the Notice currently in effect.

YOUR RIGHTS

You have certain rights regarding your health information.

Get an Electronic or Paper Copy of Your Health Record.

You may ask to see or obtain an electronic or paper copy of your dental record and other health information we maintain about you. We will provide a copy or summary of your health information as required by law. We may charge a reasonable, cost-based fee when permitted by law.

Ask Us to Correct Your Health Record

If you believe information in your health record is incorrect or incomplete, you may ask us to correct it. We may deny your request in certain circumstances, but we will explain the reason for the denial in writing as required by law.

Request Confidential Communications

You may ask us to contact you in a specific way, such as calling your cell phone instead of your home phone, or to send communications to a different address. We will accommodate reasonable requests as required by law.

Ask Us to Limit What We Use or Share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are generally not required to agree to your request unless otherwise required by law. If you pay for a health care service or item in full out of pocket, you may ask us not to disclose information about that service to your health plan for payment or health care operations. We will honor that request when required by law.

Get a List of Certain Disclosures

You may request an accounting of certain disclosures of your health information. This accounting generally identifies certain disclosures made during the applicable period permitted by law. Some disclosures, including certain disclosures for treatment, payment, or health care operations, may not be included unless otherwise required by law.

Get a Copy of This Notice

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

Choose Someone to Act for You

If you have given someone medical power of attorney or another person has legal authority to act for you, that individual may exercise your rights and make choices regarding your health information as permitted by law. We may verify the person's authority before taking action.

File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with CEFD. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). 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 share.

These situations may include:

- Sharing information with family members, friends, or others involved in your care
- Sharing information in a disaster-relief situation
- Certain marketing activities
- Fundraising activities, if applicable

If you are unable to tell us your preference, such as during an emergency, we may share information when we believe it is in your best interest and the disclosure is permitted by law. We may also share information when necessary to lessen a serious and imminent threat to health or safety when permitted by law.

Marketing and Sale of Information

We will obtain your written authorization before using or disclosing your health information for purposes requiring authorization under HIPAA, including certain marketing activities.

We will not sell your protected health information without your written authorization when authorization is required by law.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

We may use your health information and share it with other health care professionals involved in your treatment.

Payment

We may use and disclose your health information to bill and obtain payment from dental plans, health plans, or other responsible parties.

Health Care Operations

We may use and disclose your health information to operate our practice, improve the quality of care, train staff, conduct compliance activities, and manage our services.

Appointment Reminders and Communications

We may use your health information to contact you regarding appointments, treatment, follow-up care, outstanding treatment, account information, or other health care services.

Business Associates

We may disclose health information to companies or individuals that perform services on our behalf, such as billing, information technology, software, records management, consulting, or other administrative services. Business associates are required to appropriately safeguard protected health information.

Public Health and Safety

We may disclose information when permitted or required by law for activities such as:

- Preventing or controlling disease
- Reporting suspected abuse or neglect
- Reporting adverse reactions or problems with products
- Preventing or reducing a serious threat to someone's health or safety

Health Oversight Activities

We may disclose information to authorized health oversight agencies for activities permitted by law, including audits, inspections, investigations, licensure, and compliance activities.

Workers' Compensation

We may disclose health information for workers' compensation or similar programs when permitted or required by law.

Law Enforcement and Other Government Requests

We may disclose information to law enforcement officials or government agencies when permitted or required by applicable law. Additional protections may apply to certain categories of health information, including Substance Use Disorder patient records protected by federal law.

Legal Proceedings

We may disclose health information in response to certain court or administrative orders, subpoenas, discovery requests, or other lawful processes when permitted by law. Certain information, including qualifying Substance Use Disorder records, may be subject to additional restrictions described below.

Coroners, Medical Examiners and Funeral Directors

We may disclose health information to a coroner, medical examiner, or funeral director when permitted by law.

Required by Law

We may use or disclose your health information when federal, state, or local law requires us to do so.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

42 CFR PART 2

Federal law provides additional confidentiality protections for certain records relating to the diagnosis, treatment, or referral for treatment of a Substance Use Disorder (SUD). These records may be protected under 42 U.S.C. § 290dd-2 and 42 CFR Part 2, commonly referred to as "Part 2."

If CEFD receives, creates, or maintains information that constitutes a Part 2 record, we will protect that information in accordance with applicable federal law.

Use and Disclosure of Part 2 Records

When applicable, Part 2 records may be used or disclosed for treatment, payment, and health care operations pursuant to a valid patient consent as permitted by Part 2. Once Part 2 information is disclosed pursuant to a valid consent for treatment, payment, and health care operations, recipients that are HIPAA-covered entities or

business associates may redisclose that information as permitted by HIPAA, except as otherwise prohibited by Part 2. Certain uses and disclosures of Part 2 information may require your specific written consent.

Legal Proceedings Against You

Part 2 records generally cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or the use or disclosure is authorized by a court order that satisfies applicable Part 2 requirements. A consent for the use or disclosure of Part 2 records in a legal proceeding against you must be separate from consent for other uses or disclosures when required by law.

Fundraising Using Part 2 Information

If CEFD were to use Part 2 information for fundraising communications, you would be provided clear and conspicuous notice and an opportunity to opt out as required by law. CEFD does not currently use patient health information for fundraising purposes.

Your Rights Regarding Part 2 Records

When applicable, you may have additional rights regarding Part 2 records, including rights concerning:

- Consent to certain uses and disclosures
- Restrictions on certain uses or disclosures
- Certain accountings of disclosures
- Confidentiality of qualifying SUD records
- Complaints regarding improper use or disclosure
- Breach notification
- Restrictions on the use of Part 2 records in proceedings against you

You may file a complaint concerning an alleged violation of Part 2 with CEFD and/or the U.S. Department of Health and Human Services, Office for Civil Rights. CEFD will not retaliate against you for exercising your rights or filing a complaint

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OUR RESPONSIBILITIES

CEFD is required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice describing our legal duties and privacy practices.
- Follow the duties and privacy practices described in the Notice currently in effect.
- Notify you following a breach of unsecured protected health information when notification is required by law.
- Protect qualifying Substance Use Disorder patient records in accordance with applicable requirements of 42 CFR Part 2.
- Honor your privacy rights as required by applicable federal and state law.

We will not use or disclose your information other than as described in this notice unless you authorize us to do so in writing or another use or disclosure is permitted or required by law. If you authorize us to use or disclose information, you may revoke that authorization in writing as permitted by law. Your revocation will not affect actions already taken in reliance upon your authorization.

CHANGES TO THIS NOTICE

CEFD reserves the right to change the terms of this Notice and our privacy practices. Any revised notice may apply to health information we already maintain as well as information we receive in the future, as permitted by law.

The current Notice will be available:

- At our office
- Upon request
- On our website, if applicable

You may request a paper copy at any time.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice, would like to exercise your privacy rights, or wish to file a privacy complaint, please contact:

NOTICE OF PRIVACY PRACTICES

Privacy Officer
Timberlee Minor – Office Manager

Clear Essence Family Dentistry
10777 Sunset Office Drive, Suite 100
St. Louis, MO 63127

Phone: 314-887-1447

You may also submit a complaint to the **U.S. Department of Health and Human Services Office for Civil Rights**

CEFD will not retaliate against you for filing a complaint or exercising your privacy rights.