



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL and DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your health information is personal, and Lifetime Mobile Dental is committed to protecting it.

Lifetime Mobile Dental, its subsidiaries and related organizations (hereinafter referred to as “Company”, “we” or “our”) may use and disclose your protected health information (“PHI”) for treatment, payment, and health care operations, as well as for other purposes that are permitted or required by law. This notice applies to all records of your care that are created and/or maintained by Company. Your health information is contained in a medical and dental record that is the physical property of Company. We will abide by the terms of this notice.

We are required by law to maintain the privacy of your PHI and to provide you with this notice explaining our privacy practices with regard to your medical and dental information. You have certain rights regarding the privacy of your PHI and those rights are described in this notice.

What is Protected Health Information?

Protected Health Information or “PHI” consists of individually identifiable health information, which may include demographic information we collect from you or create or receive from a health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (i) your past, present or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present or future payment for the provision of health care to you.

Ways in Which We May Use and Disclose Your PHI

For Treatment.

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We may also disclose your PHI to other providers who may be treating you. Additionally, we may from time to time disclose your PHI to another provider who has been requested to be involved in your care. For example, your protected health information may be provided to a physician to whom you have been referred, vendors, surgery centers/hospitals, laboratories, etc. to ensure that the healthcare provider has the necessary information to diagnose and/or treat you.

For Payment.

Company may use and disclose your PHI to others for purposes of obtaining payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company. The information on the bill may contain information that identifies you and the services we provided to you.

For Health Care Operations.

Company may use and disclose health information about you for operational purposes. For example, we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your PHI to business associates who perform billing, consulting, or transcription, or other services for our company.

Health Information Exchange.

We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operations purposes.

Other Ways We May Use and Disclose Your PHI

As Required by Law.

We will use and disclose your PHI when required to do so by federal, state, or local law. For example, for judicial and administrative proceedings pursuant to legal authority or to assist law enforcement officials in their law enforcement duties. We may disclose PHI for special government functions such as military, national security, and presidential protective services.

Assist with Public Health and Safety Issues.

Your PHI may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or reporting information to the Food and Drug Administration for reporting and tracking adverse-event or regulated products. Your PHI may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Worker's Compensation.

Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation claims.

Appointment Reminders.

Your PHI may be used to tell or remind you/your personal representative about appointments.

Uses and Disclosures Requiring Authorization

The following uses and disclosures will be made only with your authorization: (i) uses and disclosures for marketing purposes, (ii) uses and disclosures that constitute a sale of PHI, and (iii) most sharing of psychotherapy notes; and (iv) other uses and disclosures not described in this notice.

Uses and disclosures that require your authorization also give you the opportunity to object or “opt out.”

Others Involved in Your Care:

We may provide PHI to a family member or patient representative involved in your health care or in payment for your health care, if you do not object, or in an emergency. In addition, upon your engaging our services, we will ask you to complete a form to help clarify for us which of your family members and/or patient representative are likely to be involved with your health care and/or payment for your health care. If we disclose PHI to a family member, relative or patient representative, we will disclose only the information that we believe is relevant to that person’s involvement with your health care or payment related to your health care.

Notification and Disaster Relief.

We may use or disclose your PHI to notify your family or patient representative of your location or condition. Unless you object, or there are emergency circumstances, we may also disclose your PHI to persons performing disaster relief activities. If you are not able to tell us your preference, we may share the information if we believe it to be in your best interest or disclosure is necessary to lessen a serious and imminent threat to health or safety.

Uses or Disclosures Not Covered by this Notice

Uses or disclosures of your PHI not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose your PHI for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

Notification of a Breach

Under the Health Information Technology for Economic and Clinical Health Act (“HITECH”), Company is required to notify you if a “breach” of your “unsecured PHI” occurs. The notification will (i) provide a brief description of what happened; (ii) recommend steps to protect against potential harm resulting from the breach; and (iii) provide you with contact information to ask questions or learn additional information.

Your Health Information Rights

Although your health record is the physical property of Company, the information in that record belongs to you. You have the right to:

Request an Amendment.

You may request that your health record be amended if you believe that the health information, we have about you is incomplete or incorrect. Requests to amend your health information must be in writing. We may deny your request if we determine that the PHI that is the subject of the request: (i) was not created by Company, unless the person/entity that created the information is no longer available to make the amendment; (ii) is not part of the designated record set; (iii) would not be available for inspection under the provision below; or (iv) is accurate and complete. If we do deny the request, we will notify you in writing of the reason for the denial and your right to submit a statement disagreeing with the denial.

Request Restrictions.

You may request a restriction on the uses and disclosures of your information for treatment, payment, and health care operations purposes. All such requests must be in writing. We must agree to your request to restrict disclosure of PHI to your health plan with respect to healthcare for which you have paid in full out of pocket. All other requests will be considered carefully; however, we are not required under federal law to agree to your request. We will notify you of our decision in writing. If we agree, we will comply with your request unless such information is needed to provide emergency treatment to you.

Inspect and Copy.

You have the right to inspect and request copies of the PHI that we maintain about you in paper or electronic format, for as long as we maintain that information. This information includes your medical and billing records, as well as any other records we use for making decisions about you. However, we may deny your request to inspect or copy the following records: information compiled in reasonable anticipation of, or for use in, a legal proceeding, protected health information restricted by law, information that was obtained under a promise of confidentiality, and information whose disclosure may result in harm or injury to you or to another person. In certain circumstances, we may deny your request, but if we do, we will notify you in writing of the reason(s) for the denial and explain your right to have the denial reviewed. If you ask for a copy of your PHI, we may, unless otherwise prohibited by state law, charge you a fee for copying and mailing.

An Accounting of Disclosures.

You have the right to receive an accounting of disclosures of your PHI. Requests to obtain a list of instances in which Company has disclosed your PHI must be in writing and must state a time period which may not be longer than six years from the date the request is submitted. The list will not include disclosures made prior to October 2, 2022, certain disclosures required by law, disclosures made for purposes of treatment, payment and healthcare operation, and disclosures made to, or authorized by you. The first disclosure list in a year is free. If you request additional lists in any year, we may charge you a fee. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications.

You have the right to ask Company to communicate, with you, about your health information, using alternative means. Such requests must be in writing. We will notify you if we are unable to agree to your request.

Effective Date and Notice of Changes

Effective Date: This notice is effective April 25, 2026.

Changes to this Notice. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website at www.LifetimeMobileDental.com.