

NOTICE OF PRIVACY PRACTICES FOR MARK A. IACOBELLI D.D.S.,INC./RESTORE DENTAL WELLNESS
THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION 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 02/16/2026 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, and to make new Notice provisions effective for all protected health information that we maintain. When we make significant changes in our privacy practices, we will revise this Notice, post the updated Notice clearly and prominently at our practice location, and provide copies of the new Notice upon request. This Notice of Privacy Practices also describes protections required under 42 C.F.R. Part 2 for certain substance use disorder treatment records.

You may request a copy of your Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment and healthcare operations. For each of these categories, we have provided a description and an example. Such information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will comply with applicable laws governing these types of records.

Treatment- We may use and disclose your health information for treatment purposes. For example, we may disclose your health information to a specialist providing treatment to you.

Payment- We may use and disclose your health information to obtain reimbursement for treatment for services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management and determinations of eligibility and coverage to obtain payment from you, an insurance company or other third party. For example, we may send claims to your dental/medical health plan containing certain health information.

Healthcare Operations- We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals Involved in Your Care or Payment for Your Care- We may disclose your health information to your family, friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make healthcare decisions for you, we will treat the patient representative the same way we will treat you with respect to your health.

Disaster Relief- We may use or disclose your health information to assist in disaster relief efforts

Required by Law- We may use or disclose your health information when we are required to do so by law. We limit uses and disclosures of protected health information to the minimum necessary to accomplish the intended purpose, except in circumstances where the minimum necessary standard does not apply under law.

Public Health Activities- We may use or disclose your health information for public health activities, including disclosing to:

- Prevent or control disease, injury or disability
- Report child abuse or neglect
- Report reactions to medications or problems with products or devices
- Notify a person of a recall, repair or replacement of products or devices
- Notify a person who may have been exposed to disease or condition; or
- Notify an appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

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

Secretary of HHS- We may disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required for investigations or compliance reviews.

Workers' Compensation- We may use or disclose your protected health information to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Law Enforcement- We may use or disclose your personal health information for law enforcement purposes as permitted by HIPAA, as requested by law, or in response to a subpoena or court order.

Health Oversight Activities- We may use or disclose your personal health information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings- If you are involved in a lawsuit or dispute, we may disclose your personal health information in response to a court or administrative order. We may also disclose health information about you 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 requesting party or us, to obtain an order protecting the information requested.

Research- We may disclose your personal health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure privacy of your information

Coroners, Medical Examiners, and Funeral Directors- We may release your personal health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose personal health information to a funeral director consistent with applicable law to enable them to carry out their duties.

Fundraising- If you do not wish to receive fundraising communications, you may opt out by notifying us in writing, by email, or by calling our office. Your decision to opt out will not affect your treatment or payment for services.

Other Uses and Disclosures for Personal Health Information

Your authorization is required with a few exceptions, for disclosure of psychotherapy notes, for marketing purposes, or for the sale of protected health information. We will also obtain your written authorization before using or disclosing your personal health information for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your personal health information, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights Access

You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to receive an electronic copy in the form and format you request if it is readily producible. We will charge you a reasonable, cost-based fee that includes the cost of supplies and labor for copying, and for the postage if you want copies mailed to you. Contact us by using the information listed at the end of this Notice for an explanation of our fee structure.

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.

Additional Protections for Substance Use Disorder Records (42 C.F.R. Part 2)- In some cases, our practice may receive or maintain health information related to the diagnosis, referral, or treatment of a substance use disorder (SUD). Federal law (42 C.F.R. Part 2) provides additional privacy protections for this type of information beyond those provided under HIPAA. Federal law prohibits the unauthorized use or disclosure of substance use disorder records. Violations of these protections may result in civil or criminal penalties as permitted by law.

If we receive or maintain substance use disorder records that are subject to 42 C.F.R. Part 2, the following special protections apply:

Use and Disclosure for Treatment, Payment, and Operations

Substance use disorder records may be used and disclosed for purposes of treatment, payment, and healthcare operations as permitted by law. However, these records are subject to stricter federal confidentiality protections than other protected health information.

Restrictions on Use in Legal Proceedings

Substance use disorder records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless:

- You provide specific written consent for that purpose; or
- A court issues a special order that complies with 42 C.F.R. Part 2.

Prohibition on Unauthorized Redisdisclosure

Information protected under 42 C.F.R. Part 2 may not be redisclosed by a recipient unless further disclosure is expressly permitted by your written authorization or otherwise allowed by law. Recipients of this information may be subject to federal restrictions that limit further sharing.

Accounting of Disclosures- With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information made by us in the six (6) years prior to the date of your request. The first accounting in any twelve (12) month period is free. We may charge a reasonable, cost-based fee for additional requests within the same twelve (12) month period.

Right to Request a Restriction- You have the right to request additional restrictions on our use or disclosure of your protected health information by submitting a written request to the Privacy Official. Your written request must include 1) information you want to limit. 2) whether you want to limit our use, disclosure of both, and 3) to whom you want the limits to apply. We are not required to agree to your request, but we are required to agree to a request to restrict disclosure of protected health information to a health plan for payment or health care operations if the information pertains solely to a health care item or service for which you have paid in full out of pocket.

Additional Rights Regarding Substance Use Disorder Records- If we maintain substance use disorder records subject to 42 C.F.R. Part 2, you have the right to:

- Request restrictions on certain uses and disclosures of this information.
- Revoke a prior written authorization at any time, except to the extent action has already been taken in reliance on that authorization.
- File a complaint if you believe your substance use disorder information has been improperly used or disclosed. We will not retaliate against you for filing a complaint.

Alternative Communication- You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location and provide a satisfactory explanation of how payment will be handled under the alternative communication method.

Amendment- You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your records and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right of Notification of a Breach- You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice- You may receive a paper copy of the Notice upon request, even if you have agreed to receive this Notice electronically on our

Web site or by electronic mail (e-mail)

Questions or 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 health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at an alternative location, you may complain to us using the contact person listed at the end of this Notice. You may also 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 your request.

If you want more information about our privacy practices or have any questions or concerns, please contact us.

Contact Officer: Mariya Levtonyuk or Maggie Barile

Telephone: 440-845-7300 Fax: 440-845-7785

E-mail: info@restoredentalwellness.com

Address: 8030 Corporate Circle North Royalton, Ohio 44133

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