

NOTICE OF PRIVACY PRACTICES

Southern Nevada Orthodontics

Effective Date: February 16, 2026

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

OUR LEGAL DUTY

Southern Nevada Orthodontics is required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you following a breach of unsecured PHI when required

We reserve the right to change this Notice and make the new Notice effective for all protected health information we maintain. The updated Notice will be available in our office and on our website.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

We may use and disclose your health information to provide, coordinate, or manage your orthodontic care. For example, we may share information with your general dentist or other healthcare providers involved in your care.

Payment

We may use and disclose your information to obtain payment for services provided to you, including submitting claims to your dental insurance carrier or financing company.

Healthcare Operations

We may use and disclose your information for practice operations such as quality assessment, staff training, licensing, and business management.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES

We may disclose your health information without your written authorization when required or permitted by law, including:

- Public health activities
 - Health oversight activities
 - Judicial and administrative proceedings
 - Law enforcement purposes
 - Workers' compensation
 - To avert a serious threat to health or safety
 - As required by federal or state law
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USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

We will obtain your written authorization for:

- Marketing communications (when required by law)
- Sale of PHI
- Most uses and disclosures of psychotherapy notes (if applicable)
- Any other uses not described in this Notice

You may revoke your authorization at any time in writing.

ADDENDUM — 2026 REGULATORY UPDATES

Protections for Substance Use Disorder (SUD) Records

If we receive or maintain your records from a federally assisted substance use disorder treatment program ("Part 2 Program"), these records are subject to stricter federal confidentiality rules (42 CFR Part 2).

Use and Disclosure

We will only use or disclose these records for treatment, payment, and healthcare operations if you have provided a single general consent, or as otherwise permitted by federal law.

Prohibition on Use in Legal Proceedings

Records protected by 42 CFR Part 2, or testimony describing such records, shall not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order meeting federal requirements.

Fundraising Rights

If your SUD records are used for fundraising purposes, you have the right to opt out of receiving future fundraising communications.

Notice of Potential Redisclosure

Health information disclosed pursuant to this Notice or this Addendum may be subject to redisclosure by the recipient and may no longer be protected by federal or state privacy laws.

Accounting of Disclosures

You have the right to request an accounting of disclosures made by us of your SUD records through an electronic health record for treatment, payment, and healthcare operations.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Inspect and obtain a copy of your records
- Request amendments to your records
- Request restrictions on certain uses and disclosures
- Request confidential communications
- Receive an accounting of disclosures
- Receive a paper copy of this Notice upon request
- Opt out of fundraising communications (if applicable)

To exercise any of these rights, contact our Privacy Officer listed below.

OUR RESPONSIBILITIES

We are required to maintain the privacy and security of your protected health information and to notify you if a breach occurs that may have compromised your information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Southern Nevada Orthodontics Privacy Officer

CONTACT INFORMATION:

Privacy Officer: Sicilia LoSauro/Office Manager

Practice Name: Southern Nevada Orthodontics

Phone: 702-909-2900 **Address:** 6870 S Rainbow Blvd, Suite 112, Las Vegas, Nevada 89118

Email: braces@snorthodontics.com **Website:** www.snorthodontics.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.