NOTICE OF PRIVACY PRACTICES

Sense Dental Center | Effective November 6, 2026

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.

This Notice applies to the HIPAA-covered dental practice identified below and its workforce. It does not automatically apply to every affiliated business or separately operated dental practice.

Your Rights

You have the right to inspect or obtain an electronic or paper copy of your health information, generally within 30 days of your request, subject to permitted extensions and reasonable cost-based fees. You may ask us to correct inaccurate or incomplete information; we may deny certain requests with a written explanation. You may request confidential communications by alternative means or at alternative locations, and reasonable requests will be accommodated. You may request restrictions on uses or disclosures; we are not generally required to agree, except that we must honor a request not to disclose information to a health plan for payment or health care operations when the disclosure relates solely to an item or service paid in full out of pocket by you or someone on your behalf, unless disclosure is required by law. You may request an accounting of certain disclosures for the previous six years, subject to legal exceptions. You may obtain a paper copy of this Notice at any time, even if you agreed to receive it electronically. You may designate a personal representative with appropriate legal authority.

Our Uses and Disclosures: Treatment, Payment and Operations

We may use and disclose your protected health information (PHI) to provide, coordinate, or manage dental treatment, including consultation and referrals; to bill and collect payment from insurers and patients, verify benefits, and process claims; and for health care operations such as quality improvement, patient safety, auditing, compliance, credentialing, staff training, business planning, and permitted customer service. For example, we may send a specialist relevant records, submit a claim to your dental insurer, or review treatment outcomes. We apply the minimum necessary standard where HIPAA requires it; this standard does not apply to disclosures for treatment.

Appointments and Communications

We may contact you about appointments, treatment alternatives, follow-up care, and health-related services as permitted by law. Electronic communications, including ordinary email and SMS, may carry privacy risks. Where applicable, we will honor reasonable requests for confidential communication methods. Promotional text messages are governed by separate consent requirements and may be declined without affecting treatment.

Other Permitted or Required Disclosures

Where legally permitted or required, we may disclose PHI for public health activities, reporting abuse or neglect, health oversight, judicial and administrative proceedings, law enforcement requests

meeting legal requirements, coroners and medical examiners, organ donation, research under applicable protections, averting serious threats to health or safety, workers compensation, specialized government functions, and disclosures required by law. We may disclose limited relevant information to family, friends, or caregivers involved in your care or payment when HIPAA permits, considering your preferences and circumstances. Additional federal or Florida laws may impose stricter limits.

Affiliates, Service Providers and Business Associates

We may use qualified service providers, including practice management, hosting, billing, scheduling, communications, analytics and technology vendors, to support permitted health care functions. When a vendor is a HIPAA business associate, we require an appropriate business associate agreement and safeguards. Information may be shared with other dental practices or affiliated entities only when permitted for treatment, payment, or health care operations, under an appropriate organized health care arrangement if one actually exists, or with valid authorization. Common ownership does not itself permit unrestricted access to records. We do not make PHI available to affiliates or partners for independent advertising simply because they are affiliated.

Uses Requiring Your Written Authorization

Other uses and disclosures not described here generally require your written authorization. Most uses and disclosures of psychotherapy notes (if maintained), uses or disclosures of PHI for marketing when authorization is required, and sales of PHI require authorization, subject to legal exceptions. We will not sell your PHI. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it. We do not condition treatment on signing an optional marketing authorization, except where law expressly allows a condition.

Substance Use Disorder Records and Special Confidentiality

Certain substance use disorder (SUD) treatment records protected by 42 CFR Part 2 carry additional restrictions. If we receive or maintain Part 2 records, we will use and disclose them only as permitted by applicable Part 2 requirements and valid consent where required. Such records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient without the patient's specific consent or a qualifying court order, as applicable. A recipient of information disclosed under HIPAA may redisclose it in ways not protected by HIPAA; Part 2 records remain subject to applicable special restrictions. We will apply any more protective law. Where applicable, fundraising communications involving Part 2 records will provide an opportunity to opt out.

Fundraising and Marketing Choices

We may contact you about fundraising only if and to the extent permitted by law and will provide a clear way to opt out. We will obtain authorization for marketing involving PHI whenever HIPAA requires it. Non-PHI website contact information and marketing preferences are handled under our separate website Privacy Policy and applicable consumer protection laws. Your SMS opt-in information will not be sold or shared with affiliates or third parties for their independent marketing.

Our Responsibilities

We are required by law to maintain the privacy and security of your PHI, provide this Notice, follow its terms while in effect, and notify affected individuals following a breach of unsecured PHI as required by law. We may change our privacy practices and apply revised terms to PHI we already maintain. The updated Notice will be available at our office and on our website, and on request.

Complaints and Questions

You may complain to our Privacy Officer using the contact details below or to the U.S. Department of Health and Human Services, Office for Civil Rights, at https://www.hhs.gov/ocr/privacy/hipaa/complaints/ . We will not retaliate against you for filing a complaint. For questions, access requests, amendments, restrictions, or complaints, contact our Privacy Officer.

Acknowledgment of Receipt

We will make a good-faith effort to obtain written acknowledgment that you received this Notice at your first service encounter, except where HIPAA provides otherwise. Signing an acknowledgment confirms receipt only; it does not authorize marketing or other optional disclosures.

Privacy Officer / Contact

Sense Dental Center
500 N Semoran Blvd, Orlando, FL 32807
Telephone: (407) 277-6272
Website: https://mysense.us/
Privacy Officer name/title: Leonardo Villamizar, Privacy Officer
Privacy contact email or designated mailing contact: info@mysense.us
Legal covered-entity name: EQ Dental 1 PA