BOLD BITE ORTHODONTICS

Notice of Privacy Practices

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.

Bold Bite Orthodontics, PLLC, 14035 Beach Blvd, Suite 104, Jacksonville, FL 32250. Phone (904) 595-6869. Email lacy@myboldbite.com.

Effective date: November 10, 2026

Your Privacy at a Glance

Your rights. You can:

- Get a copy of your dental records, on paper or electronically
- Ask us to correct your records
- Ask us to contact you at a specific phone number, address, or email
- Ask us to limit what we use or share
- Get a list of those we've shared your information with
- Get a copy of this notice at any time
- File a complaint if you believe your privacy rights were violated

Your choices. You can tell us whether to share information with family or friends involved in your care, and you decide whether we may use your photos, videos, or reviews in our marketing.

How we use your information. We use and share it to treat you, to get paid for your care, to run our practice, and when the law requires or allows it.

Our promises. We protect your information, follow this notice, and tell you if a breach affects your information. We never sell your information or use it for marketing without your written permission.

The full notice below explains each item.

How We Use and Share Your Information

We use and share your health information for these purposes without asking for your written permission.

- **Treatment.** We share records with other providers involved in your care. Example: we send x-rays and treatment notes to your general dentist or oral surgeon.
- **Payment.** We share information to bill and get paid. Example: we send treatment details to your dental insurance plan.

- **Running our practice.** We use information to operate the office and improve care. Examples: quality reviews, staff training, and appointment reminders by phone, text, or email.
- **Business associates.** Vendors that help us, such as our practice software and imaging providers, may handle your information. They must sign a contract agreeing to protect it.
- **Family and friends.** We may share information with a family member or friend involved in your care or payment, unless you tell us not to. For patients under 18, we generally share with a parent or legal guardian. If you can't tell us your preference, such as in an emergency, we use our professional judgment.

We may also use or share your information when the law requires or allows it:

- When required by federal, state, or local law
- For public health and safety, such as reporting suspected abuse or neglect, reporting product problems, or preventing a serious threat to someone's health or safety
- For health oversight, such as audits and licensing reviews by the Florida Department of Health
- In response to a court order, subpoena, or other lawful process
- For limited law enforcement purposes
- For workers' compensation claims
- To coroners, medical examiners, funeral directors, and organ donation organizations
- For approved research
- For special government functions, such as military, veterans, and national security purposes

Florida law. Florida law can protect your records more than federal law does. For example, Florida generally requires your written permission before we release your records or discuss your condition with anyone other than you, your legal representative, or providers involved in your care, except as Florida law allows. When Florida law gives you more protection, we follow it.

Uses That Need Your Written Permission

We will not do the following without your signed authorization:

- Use or share your information for marketing
- Sell your information
- Share psychotherapy notes (we do not keep them, but this protection still applies)
- Use your photos, videos, testimonials, or before-and-after images on our website, social media, or advertising
- Any other use or sharing not described in this notice

You can revoke an authorization in writing at any time. Revoking it stops future use, but not anything we already did in reliance on it.

Substance use disorder records. If we receive substance use disorder treatment records protected by federal law (42 CFR Part 2), we follow that law's stricter limits, and we generally need your written consent to use or share them, even for treatment, payment, or operations. These records, or testimony about their contents, will not be used or shared in civil, criminal, administrative, or legislative proceedings against you unless you give written consent or a court orders it after you or the record holder has notice and a chance to be heard. A court order must also be accompanied by a subpoena or other legal requirement before the record is used or shared.

Redisclosure. When we share information as this notice allows, the person or organization that receives it may share it again, and it may no longer be protected by federal privacy law.

Your Rights

To use any of these rights, contact our Privacy Officer using the information at the end of this notice.

- **Get a copy of your records.** You can see or get a paper or electronic copy of your dental records, including x-rays and scans. We will respond within 30 days and may charge a reasonable, cost-based fee.
- **Ask us to correct your records.** If you think something is wrong or incomplete, ask us in writing to correct it. We may say no, but we will explain why in writing within 60 days.
- **Ask for confidential communications.** You can ask us to contact you a certain way, such as at a different phone number or address. We will say yes to all reasonable requests.
- **Ask us to limit what we use or share.** We are not required to agree, except in one case: if you pay for a service in full out of pocket and ask us not to share it with your health plan, we will agree unless the law requires us to share it.
- **Get a list of disclosures.** You can ask for a list of times we shared your information in the past six years, other than for treatment, payment, operations, and certain other purposes. The first list in any 12-month period is free; we may charge a reasonable, cost-based fee for more.
- **Get a paper copy of this notice.** You can ask for one at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** A legal guardian, a parent of a minor, or someone with your health care power of attorney can use these rights for you. We will confirm their authority first.
- **Be told about a breach.** We will notify you if a breach compromises the privacy or security of your information.

Our Responsibilities, Changes, and Complaints

Our responsibilities. We are required by law to:

- Keep your health information private and secure
- Give you this notice of our legal duties and privacy practices
- Follow the notice currently in effect
- Notify you promptly if a breach occurs that may have compromised your information

Changes to this notice. We may change this notice, and the changes will apply to all information we have about you. The current notice is always available in our office, on our website, and on request.

Complaints. If you believe your privacy rights were violated, you can file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Online: ocrportal.hhs.gov
- Mail: 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201
- Phone: 1-800-368-1019 (TDD 1-800-537-7697)

We will not retaliate against you for filing a complaint.

Contact us. For questions about this notice or to use any of your rights, contact:

Privacy Officer, Bold Bite Orthodontics, PLLC 14035 Beach Blvd, Suite 104, Jacksonville, FL 32250 (904) 595-6869 · lacy@myboldbite.com

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