NOTICE OF PRIVACY PRACTICES

HIPAA Covered Dental and MedSpa Health Care Provider

Effective Date: February 16, 2026

Your Information. Your Rights. Our Responsibilities.

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 Rights

You have the right to:

• Get a copy of your paper or electronic medical record

• Correct your paper or electronic medical record

• Request confidential communication

• Ask us to limit the information we share

• Get a list of those with whom we've shared your information

• Get a copy of this privacy notice

• Choose someone to act for you

• File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

• Tell family and friends about your condition

• Provide disaster relief

• Provide mental health care (if applicable)

• Market our services (we do not sell your information)

• Raise funds (if applicable)

Our Uses and Disclosures

We may use and share your information as we:

• Treat you

• Run our organization

• Bill for your services

• Help with public health and safety issues

• Do research

• Comply with the law

• Address workers' compensation, law enforcement, and other government requests

• Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR Part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and subpoena.

Your Rights (Detailed Explanation)

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical/dental record and other health information we have about you. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way or send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or operations. We are not required to agree, and we may say “no” if it could affect your care. If you pay for a service in full out-of-pocket, you can ask us not to share that information with your health insurer for payment or operations purposes. We will comply unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

You can request an accounting of disclosures for six years prior to the date of your request. One accounting per year is free. Additional requests within 12 months may incur a reasonable fee.

Get a copy of this notice

You may request a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you

If someone has legal authority to act for you, that person may exercise your rights.

File a complaint

If you believe your privacy rights have been violated, you may contact:

Nancy Nycum, Vice President

Phone: 239-213-1500

Email: contact@maxionmanagement.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/hipaa/filing-a-complaint.

We will not retaliate against you for filing a complaint.

Our Uses and Disclosures (Detailed Explanation)

Treatment

We use and disclose your health information to provide, coordinate, or manage your dental care.

Payment

We use and disclose your health information to bill and receive payment from health plans or other entities.

Health Care Operations

We use and disclose your information to operate our dental practice, improve quality of care, conduct administrative activities, and contact you regarding appointments or treatment.

Public Health and Safety

We may share health information for public health purposes, reporting adverse reactions, suspected abuse or neglect, or preventing a serious threat to health or safety.

Legal and Law Enforcement

We may disclose information if required by federal or Florida law, or in response to a court order or subpoena.

State Law Protections

Where Florida law provides greater privacy protections than federal HIPAA regulations, we will follow the stricter law.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will notify you promptly if a breach occurs that may compromise your information.

We must follow the duties and privacy practices described in this notice.

We will not use or share your information other than as described here unless you provide written authorization. You may revoke authorization in writing at any time.

Changes to This Notice

We may change the terms of this notice. The new notice will apply to all information we maintain and will be available upon request, in our office, and on our website.