ALVAREZ ORTHODONTICS

NOTICE OF PRIVACY PRACTICES

Effective Date: August 19, 2026

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Alvarez Orthodontics

Center Valley Office — 5995 Route 378, Suite A, Center Valley, PA 18034

Bethlehem Office — 4000 Wegmans Drive, Suite 100, Bethlehem, PA 18017

Telephone: 610-974-8844 | Email: alvarezortho@gmail.com | Website: www.alvarezortho.com

Questions about this Notice or our privacy practices may be directed to the HIPAA Privacy Officer using the contact information above.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

Alvarez Orthodontics is committed to protecting the privacy and security of your health information. Federal and applicable Pennsylvania laws require us to maintain the privacy of your protected health information ("PHI"), provide you with this Notice of our legal duties and privacy practices, and follow the terms of the Notice currently in effect.

This Notice applies to health information maintained by Alvarez Orthodontics at both of our office locations and by members of our team who provide services on behalf of the practice.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to assist you.

Get an Electronic or Paper Copy of Your Health Record

You may ask to see or obtain an electronic or paper copy of your orthodontic record and other health information we maintain about you. Your record may include clinical notes, health histories, photographs, X-rays and other diagnostic images, digital scans, treatment plans, correspondence, prescriptions, financial information, and other records relating to your orthodontic care.

We generally will provide a copy or summary of your health information within the time required by law. We may charge a reasonable, cost-based fee as permitted by law.

Ask Us to Correct Your Health Record

You may ask us to correct health information about you that you believe is incorrect or incomplete. We may deny your request in certain circumstances permitted by law. If we deny your request, we will explain the reason to you in writing as required by law.

Request Confidential Communications

You may ask us to contact you in a specific way — for example, only at your cell phone or by email — or to send correspondence to a different address. We will accommodate reasonable requests as required by law.

Ask Us to Limit What We Use or Share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We generally are not required to agree, but if we do, we will comply with the restriction except in circumstances permitted by law, such as when information is needed for emergency treatment.

If you pay for a health care service or item completely out-of-pocket, you may ask us not to disclose information about that service or item to your health plan for payment or health care operations purposes. We will honor that request unless we are required by law to make the disclosure.

Get a List of Certain Disclosures

You may request an "accounting of disclosures," a list of certain disclosures we have made of your health information during the period provided by law. This generally will not include disclosures made for treatment, payment, or health care operations, or certain other disclosures excluded by law. We will provide one accounting in any 12-month period without charge, and may charge a reasonable, cost-based fee for additional accountings requested within that period.

Get a Copy of This Notice

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically. We will provide a paper copy promptly and at no charge.

Choose Someone to Act for You

If you have given someone medical power of attorney, or if someone is your legal guardian or is otherwise legally authorized to act as your personal representative, that person may exercise your rights and make choices regarding your health information to the extent permitted by law. We will verify that the person has appropriate legal authority before taking action.

For minor patients, a parent, guardian, or other legally authorized person generally acts as the patient's personal representative. Federal and Pennsylvania law provide exceptions in certain circumstances in which a minor may consent to health care or control access to particular health information; Alvarez Orthodontics will follow applicable federal and Pennsylvania law in determining who may exercise privacy rights regarding a minor patient's health information.

File a Complaint if You Believe Your Privacy Rights Have Been Violated

You may file a complaint with our HIPAA Privacy Officer using the contact information at the top of this Notice, or with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, telephone 1-877-696-6775, or electronically through the OCR website. Alvarez Orthodontics will not retaliate against you for filing a complaint or exercising your privacy rights.

YOUR CHOICES

For certain health information, you may tell us your preferences regarding what we share. You generally have the right and choice to tell us whether we may:

- Share relevant information with your family, close friends, caregivers, or others involved in your care or payment for your care; or
- Share information in a disaster-relief situation.

If you are unable to tell us your preference — for example, because you are unconscious — we may disclose information when permitted by law if we believe doing so is in your best interest, or when necessary to lessen a serious and imminent threat to health or safety.

Marketing and Sale of Health Information

We will obtain your written authorization before using or disclosing your PHI for marketing purposes, or before selling your PHI, when authorization is required by law. You may revoke a written authorization at any time, except to the extent we have already acted in reliance on it.

HOW WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION

Treat You

We may use your health information and disclose it to dentists, physicians, specialists, laboratories, pharmacies, oral surgeons, periodontists, pediatric dentists, general dentists, and other health care professionals involved in your care, as permitted by applicable law. Example: We may send orthodontic records, X-rays, photographs, digital scans, or treatment information to your general dentist or oral surgeon who is participating in your treatment.

Run Our Practice

We may use and disclose your health information to operate Alvarez Orthodontics, improve the quality of care we provide, train our staff, conduct quality assessments, manage our practice, and contact you when necessary. Example: We may review treatment records to evaluate the quality and effectiveness of orthodontic care provided in our offices.

Bill for Your Services

We may use and disclose your health information to bill and obtain payment from insurance companies, dental benefit plans, responsible parties, or other entities. Example: We may provide your dental benefit plan with information concerning your diagnosis and orthodontic treatment so the plan can determine benefits and make payment.

Appointment and Treatment Communications

We may use your contact information to communicate with you about appointments and your orthodontic care, including appointment reminders, scheduling changes, treatment instructions, retention or observation appointments, and other communications related to your care.

OTHER WAYS WE MAY USE OR SHARE YOUR INFORMATION

We may use or disclose health information in other circumstances permitted or required by federal or Pennsylvania law. We will comply with applicable legal requirements before making these disclosures.

Public Health and Safety

We may disclose health information for certain public health and safety activities, including preventing or controlling disease; reporting suspected abuse, neglect, or domestic violence when permitted or required by law; preventing or reducing a serious threat to someone’s health or safety; reporting adverse reactions or problems with products or medical devices; and other public health activities authorized by law.

Comply With the Law

We will disclose information about you when federal or Pennsylvania law requires us to do so, including disclosures to the U.S. Department of Health and Human Services when it is investigating or determining our compliance with federal privacy law.

Health Oversight, Workers' Compensation, Law Enforcement, and Government Requests

We may disclose health information to health oversight agencies for audits, investigations, inspections, and licensure or disciplinary proceedings; for workers' compensation claims; for certain law-enforcement purposes; for certain governmental functions authorized by law; and as otherwise permitted or required by applicable federal or Pennsylvania law.

Lawsuits and Legal Proceedings

We may disclose health information in response to a court or administrative order, subpoena, discovery request, or other lawful process when the requirements of HIPAA, Pennsylvania law, and other applicable laws have been satisfied. Special protections may apply to certain categories of information, including Substance Use Disorder records, mental-health information, HIV-related information, and other specially protected records.

Medical Examiners, Funeral Directors, and Organ or Tissue Donation

We may disclose health information to a coroner, medical examiner, or funeral director when permitted or required by law, and to organizations involved in organ, eye, or tissue donation and transplantation when applicable.

Research

We may use or disclose health information for health research when permitted by law and when all applicable privacy requirements have been satisfied.

Redisclosure of Your Information

Once your health information is disclosed to a third party as permitted by this Notice — for example, to another treating provider, an insurer, or as required by law — it may no longer be protected by this Notice or by federal or Pennsylvania privacy law, and that recipient may be permitted to redisclose it. We encourage you to ask any provider or organization you share information with about their own privacy practices.

SPECIAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION

Some health information receives additional confidentiality protection under federal or Pennsylvania law. When a law provides greater privacy protection or imposes greater restrictions on use or disclosure than HIPAA, Alvarez Orthodontics will follow the more protective law. These protections may include, as applicable: certain Substance Use Disorder treatment information; certain mental-health treatment information; HIV-related information; health information for which a minor patient has the legal right to consent to care or control disclosure; and other information given special protection by federal or Pennsylvania law. Where required, we will obtain the patient's or legally authorized person's specific written consent or authorization before using or disclosing specially protected information.

Substance Use Disorder Records — 42 CFR Part 2

Federal law provides additional confidentiality protections for certain records relating to the diagnosis, treatment, or referral for treatment of a Substance Use Disorder ("SUD") that are protected under 42 CFR Part 2 ("Part 2").

Alvarez Orthodontics is an orthodontic practice and does not ordinarily provide Substance Use Disorder treatment. However, in connection with your orthodontic care we may receive or maintain health information that is subject to Part 2 or other federal or Pennsylvania confidentiality protections. To the extent we hold Part 2-protected records, Part 2 imposes stricter limits than HIPAA on their use and disclosure — even for our own treatment, payment, or health care operations. For example, even if we needed SUD-related information to coordinate your care with another provider, we generally could not share it without your separate written consent unless a specific legal exception applies.

Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a qualifying court order. If we use Part 2-protected information for fundraising when permitted by law, you will receive the notice and opt-out opportunity required by applicable law. Nothing in this Notice authorizes us to use or disclose Part 2-protected information in a manner prohibited by federal or Pennsylvania law.

Pennsylvania Confidentiality Protections

Pennsylvania law provides additional confidentiality protections for certain categories of health information, including Substance Use Disorder treatment records, mental-health treatment records, HIV-related information, and information relating to health care for which a minor has legal authority to consent. When Pennsylvania law is more protective than HIPAA, we will comply with the Pennsylvania requirement — which may mean a disclosure otherwise permitted by HIPAA requires written consent or is subject to additional limitations. Nothing in this Notice is intended to reduce any confidentiality right provided to a patient under Pennsylvania law.

ELECTRONIC COMMUNICATIONS

Alvarez Orthodontics may communicate electronically with patients and their parents, guardians, personal representatives, or other authorized individuals for purposes related to treatment, scheduling, payment, and practice operations, as permitted by law, including appointment reminders and other treatment-related communications. You may request that we communicate with you through a particular method, telephone number, or address, and we will accommodate reasonable requests as required by law.

OUR RESPONSIBILITIES

Alvarez Orthodontics is required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you with this Notice describing our legal duties and privacy practices;
- Follow the duties and privacy practices described in the Notice currently in effect;
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law; and
- Comply with applicable federal and Pennsylvania privacy laws.

We will not use or disclose your information other than as described in this Notice unless you authorize us to do so in writing, or another use or disclosure is permitted or required by law. If you give us written authorization, you may revoke it in writing at any time, except to the extent we have already acted in reliance on it.

CHANGES TO THIS NOTICE

Alvarez Orthodontics reserves the right to change the terms of this Notice and our privacy practices. Any revised Notice may apply to all protected health information we maintain, including information created or received before the revision. If we materially change this Notice, the revised Notice will be available upon request, at our offices, and electronically on our website as required by law.

QUESTIONS, PRIVACY RIGHTS, OR COMPLAINTS

If you have questions about this Notice, would like more information about our privacy practices, wish to exercise a privacy right, or wish to file a complaint with Alvarez Orthodontics, please contact our HIPAA Privacy Officer using the contact information at the top of this Notice. Alvarez Orthodontics will not retaliate against you for asking questions, exercising your privacy rights, or filing a complaint. This Notice applies to Alvarez Orthodontics and its workforce at both the Center Valley and Bethlehem office locations.