

NOTICE OF PRIVACY PRACTICES

Oral Surgery Solutions Effective Date: February 02, 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 PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us to provide you with quality care and to comply with certain legal requirements.

UPDATED PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

In accordance with federal law (42 CFR Part 2), if we receive or maintain records regarding substance use disorder treatment, diagnosis, or referral from a federally assisted SUD program, those records receive heightened protection:

- **Stricter Disclosure Rules:** We will not use or disclose your SUD records for treatment, payment, or healthcare operations without your specific written authorization, unless you have provided a single consent for all such purposes.
- **Prohibition on Legal Proceedings:** We will not use or disclose your SUD records—or any testimony describing the content of those records—in any civil, criminal, administrative, or legislative proceedings against you without your explicit written consent or a court order that meets specific legal requirements.
- **Notice of Redisclosure:** Once we disclose your protected health information (including SUD records) to a third party at your request or with your authorization, that information may be subject to redisclosure by the recipient and may no longer be protected by federal privacy laws.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

- **For Treatment:** We use your information to provide, coordinate, or manage your care. We may disclose information to other doctors, nurses, or technicians who are involved in taking care of you.
- **For Payment:** We may use and disclose your information so that the treatment and services you receive may be billed to and payment may be collected from you, an

insurance company, or a third party. (Note: Washington State law may require specific authorization for certain payment disclosures).

- For Health Care Operations: We may use and disclose your information for practice operations, such as quality assessment, employee review, and training.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- Right to Access: You have the right to inspect and receive a paper or electronic copy of your health and billing records.
- Right to Amend: If you feel that health information we have is incorrect or incomplete, you may ask us to amend the information.
- Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of your health information.
- Right to Request Restrictions: You have the right to request a restriction on the health information we use or disclose for treatment, payment, or health care operations. We are not required to agree to your request, except for certain disclosures to a health plan for services paid for out-of-pocket in full.
- Right to Breach Notification: You have the right to be notified following a breach of your unsecured protected health information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

SMS & Electronic Communication Disclosure

Oral Surgery Solutions offers our patients the option to engage in SMS (text messaging) communication for appointment scheduling, pre-operative instructions, post-surgical follow-up, and billing notifications.

1. CONSENT AND MESSAGING

By providing your mobile telephone number, you expressly authorize Oral Surgery Solutions to send text messages to your device. Consent is not a condition of receiving surgical treatment. Standard message and data rates may apply from your carrier. Frequency of messages varies based on your surgical treatment plan and follow-up needs.

2. PRIVACY AND SECURITY RISK

You acknowledge that standard SMS messaging is not a secure or encrypted method of communication. There is a risk that Protected Health Information (PHI) contained in a text message could be intercepted or viewed by unauthorized third parties. By electing to communicate via SMS, you accept this risk and authorize Oral Surgery Solutions to transmit PHI via unencrypted text.

3. OPT-OUT AND HELP

You may revoke this consent at any time. To stop receiving messages, reply STOP to any text message received from us. For assistance or information regarding our messaging program, reply HELP or contact our office directly at 360-450-2121.

4. WASHINGTON STATE PRIVACY AND RIGHTS

In alignment with Washington State consumer health data privacy laws, we do not sell your health data or share your mobile contact information with third-party marketers. Your data is used strictly for the coordination of your clinical care and practice operations.