



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective date: June 25, 2025

This Notice of Privacy Practices (the “Notice”) applies to dental, vision, and orthodontic practices affiliated with Hero Practice Services. Each individual practice is referred to as the “Practice.”

We respect your privacy and the privacy of your children and are legally required to maintain the privacy of protected health information (“PHI”) under the Health Insurance Portability and Accountability Act (“HIPAA”), and other federal and state laws.

This Notice describes our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of unsecured PHI, our permitted uses and disclosures of PHI, and your rights regarding PHI.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact the Operations Manager of the practice, or email compliance@herodvo.com.

YOUR RIGHTS

YOU HAVE THE RIGHT TO:

- Get a copy of paper or electronic protected health information.
- Correct your protected health information.
- Ask us to limit the information we share, in some cases.
- Get a list of those with whom we’ve shared your/ your child’s information.
- Request confidential communication.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe we have violated your/ your child’s privacy rights.

YOUR CHOICES

You have some choices about how we use and share information as we communicate with you, tell family and friends about your/your child’s condition, provide disaster relief, and market our services.

OUR USES AND DISCLOSURES

We may use and disclose your information as we treat, bill for services, run our organization, comply with the law, work with a medical examiner or funeral director, respond to tissue or organ donation requests, address workers’ compensation, law enforcement, and other government requests, and respond to lawsuits and legal actions.

PHI DEFINED

PHI is health information about you which someone may use to identify you/ your child, which we keep or transmit in electronic, oral, or written form. PHI includes information such as your/ your child’s name, contact information, past, present, or future physical or mental health or medical conditions, payment for health care products or services, or prescriptions.

SCOPE

We create a record of the care and health services you/your child receive(s), to provide care, and to comply with certain legal requirements. This Notice applies to all the PHI that we generate and to substance use treatment-related records under 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 that we receive. We also follow the confidentiality protections of Part 2 for such records.

We and our employees and other workforce members, follow the duties and privacy practices that this Notice describes, and any changes once they take effect.

CHANGES TO THIS NOTICE

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website.

DATA BREACH NOTIFICATION

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your/your child's PHI. Most of the time, we will notify you in writing, by first-class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive notices electronically. In some circumstances, our business associates, which are described in more detail below, may provide the notification. In limited circumstances when we have insufficient or out-of-date contact information, we may provide notice in a legally acceptable alternative form.

YOUR RIGHTS

When it comes to your/ your child's health information, you have certain rights. This section explains your rights and some of our responsibilities. You have the right to:

GET A COPY OF YOUR PHI. You can ask to see or obtain a copy of the PHI that we maintain about you/ your child. Alternatively, you may request a summary of your/ your child's PHI or an explanation of you/ your child's PHI. You can ask us how to do this. Some clarifications about your access rights:

- We require you to make access requests in writing. Please let the Practice know if you would like a records request form or contact compliance@herodvo.com;
- You may request that we provide a copy of your/ your child's PHI to a family member, another person, or a designated entity. We require that you submit these requests in writing with your signature, and clearly identify the designated person and where to send the PHI;
- You may request that we direct a copy of your PHI to a third party of your choice;

ASK US TO CORRECT YOUR MEDICAL RECORD. You may ask us to correct or amend PHI that we maintain about you/ your child that you think is incorrect or inaccurate. For these requests, specify the inaccurate or incorrect PHI, and provide a reason that supports your request;

ASK US TO LIMIT WHAT WE USE OR SHARE. You have the right to ask us to limit what we use or share about your/ your child's PHI. You can contact us and request us not to use or share certain PHI for treatment, payment, or operations or with certain people involved in your care. For these requests, we are not required to agree, and we may say "no" if it would affect care; but we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law.

GET A LIST OF THOSE WITH WHOM WE'VE SHARED YOUR PHI. You have the right to request an accounting of certain PHI disclosures that we have made. For these requests:

- We will respond no later than 60 days after receiving the request.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make; and
- We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will notify you about the costs in advance and you may choose to withdraw or modify your request at that time.

CHOOSE SOMEONE TO ACT FOR YOU. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will confirm the person has this authority and can act for you before we take any action.

REQUEST CONFIDENTIAL COMMUNICATIONS. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a specific address. For these requests, you must specify how or where you wish to be contacted; and we will accommodate reasonable requests.

MAKE A COMPLAINT. You have the right to complain if you feel we have violated your/ your child's rights. We will not retaliate against you for filing a complaint. You may either file a complaint with us by contacting the Operations Manager of the Practice or compliance@herodvo.com; or with the Office for Civil Rights at the US Department of Health and Human Services by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your/ your child's information in the situations described below, please contact compliance@herodvo.com. We will make reasonable efforts to follow your instructions.

YOU HAVE BOTH A RIGHT AND CHOICE TO TELL US WHETHER TO:

- Share, such as your/ your child's PHI, general condition, or location, with family, close friends, or others involved in your/ your child's care.
- Share information in a disaster relief situation, such as to a relief organization to assist with locating or notifying your/ your child's family, close friends, or others involved in your/ your child's care.
- Use or share substance abuse treatment records about you/ your child for fundraising purposes that benefit us.

If you are not able to tell us your preference, for example if you are unconscious, we may share your/ your child's information if we believe it is in your best interest, according to our best judgment. We may also share your/ your child's information when needed to lessen a serious and imminent threat to health or safety.

WE WILL ONLY SHARE YOUR INFORMATION WITH WRITTEN PERMISSION FOR:

- Marketing purposes.
- Selling or otherwise receiving compensation for disclosing your/ your child's PHI.
- Other uses and disclosures not described in this Notice.

In a civil, criminal, administrative, or legislative proceeding against an individual, we will not use or share information about substance abuse treatment records unless a court order requires us or you give us your written permission.

You may revoke your authorization at any time, but it will not affect information that we already used and disclosed.

USES AND DISCLOSURES OF YOUR PHI

The law permits or requires us to use or disclose your/ your child's PHI for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your/ your child's PHI to the minimum we need to accomplish our intended purpose. PHI that the law permits or requires us to disclose may be further shared by recipients and is no longer protected by law or the safeguards and restrictions in place when it is in our possession.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

TREATMENT. We may use or disclose your/ your child's PHI and share it with other treating professionals, including doctors, nurses, technicians, medical students, or hospital personnel involved in your/ your child's care. For example, we might disclose information about your/ your child's overall health condition to physicians who are treating you/ your child for a specific injury or condition.

BILLING AND PAYMENT. We may use and disclose your/ your child's PHI to bill and get payment from health plans or others. For example, we share your/ your child's PHI with your health insurance plan so it will pay for the services you/ your child receive(s).

RUNNING OUR ORGANIZATION. We may use and disclose your/ your child's PHI to run our practice, improve your care, and contact you when necessary. For example, we may use your/ your child's PHI to manage the services and treatment you receive or to monitor the quality of our health care services.

OTHER USES AND DISCLOSURES

We may share your/ your child's information in other ways, usually for public health or research purposes or to contribute to the public good. For more information on permitted uses and disclosures, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. For example, these other uses and disclosures may involve:

BUSINESS ASSOCIATES. We may use and disclose your/ your child's PHI to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription ("Business Associates"). The law requires our business associates and their subcontractors to protect your/ your child's PHI in the same way we do. We also contractually require these parties to use and disclose PHI only as permitted and to appropriately safeguard PHI.

HEALTH INFORMATION EXCHANGES. We participate in health information exchanges, which support electronic information sharing among members for treatment, payment, and health care operations purposes.

COMPLYING WITH THE LAW. For example, we will share your/ your child's PHI if the Department of Health and Human Services requires it when investigating our compliance with privacy laws.

HELPING WITH PUBLIC HEALTH AND SAFETY ISSUES. For example, we may share your/ your child's PHI to report injuries, births, and deaths; prevent disease; report adverse reactions to medications or medical device product defects; report suspected child neglect or abuse, or domestic violence; or avert a serious threat to public health or safety.

RESPONDING TO LEGAL ACTIONS. For example, we may share your/ your child's PHI to respond to a court or administrative order or subpoena; discovery request; or another lawful process.

RESEARCH. For example, we may share your/ your child's PHI for some types of health research that do not require your authorization.

WORKING WITH MEDICAL EXAMINERS OR FUNERAL DIRECTORS. For example, we may share PHI with coroners, medical examiners, or funeral directors when an individual dies.

RESPONDING TO ORGAN AND TISSUE DONATION REQUESTS. For example, we may share your/ your child's PHI to arrange an authorized organ or tissue donation from you or a transplant for you.

WORKERS' COMPENSATION, LAW ENFORCEMENT & GOVERNMENT REQUESTS. For example, we may use and disclose your/ your child's PHI for workers' compensation claims; health oversight activities by federal or state agencies; law enforcement purposes or with a law enforcement official; or specialized government functions, such as military and veterans' activities, national security and intelligence, presidential protective services, or medical suitability.