MOLAR DENTAL

GENERAL DENTISTRY | ORTHODONTICS

NOTICE OF PRIVACY PRACTICES

Effective date: October 30, 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.

YOUR RIGHTS

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

Get an electronic or paper copy of your dental record. You can ask to see or get an electronic or paper copy of your dental record and other health information we have about you. Ask us how to do this. We will provide a copy or a 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 dental record. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. 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 (for example, home or office phone) or to 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 our operations. We are not required to agree to your request, and we may say no if it would affect your care. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer for payment or our operations. We will say yes unless a law requires us to share that information. We are not required to tell your other providers about this request, so please let them know if you want the same limit.

Get a list of those with whom we have shared information. You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). 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.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 health information. We will make sure the person has this authority and can act for you before we take any action. For patients under 18, a parent or legal guardian generally acts for the patient, except where New Jersey law allows a minor to make their own health care decisions.

Be notified of a breach. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting our Privacy Officer using the information at the end of this notice. You can also file a complaint with the United States Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

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 information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and the choice to tell us to: share information with your family, close friends, or others involved in your care or in paying for your care; and share information in a disaster relief situation. This includes letting a family member, personal representative, or other person responsible for your care know your location and general condition, including by leaving a message at a phone number they gave us. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information in these cases unless you give us written permission: marketing purposes (including use of your photographs in advertising or social media); sale of your information; and most sharing of psychotherapy notes.

Fundraising: Molar Dental does not use patient information for fundraising. If that ever changes, we will first give you a clear and conspicuous opportunity to choose not to receive fundraising communications, and you may tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you. We can use your health information and share it with other professionals who are treating you. Example: your dentist shares your radiographs with an oral surgeon or orthodontist, or sends records to a dental laboratory making your crown.

Run our practice. We can use and share your health information to run our practice, improve your care, and contact you when necessary. Examples: we use your information to send appointment reminders and other messages by text, email, phone call, or voicemail, following the choices on your Communication Preferences form; to tell you about treatment options; and to train our team.

Record telephone calls. Calls to and from our office may be recorded for quality, training, and record-keeping purposes. Recordings are protected in the same way as the rest of your health information.

Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities. Example: we give information about you to your dental insurance plan so it will pay for your services.

Work with our business associates. We share information with companies that perform services for us, such as billing, practice management, software, information technology, and telephone services. They must sign contracts that require them to protect your information.

How else can we use or share your health information? We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- **Help with public health and safety issues:** preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- **Do research:** we can use or share your information for health research.
- **Comply with the law:** we will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- **Respond to organ and tissue donation requests** and **work with a medical examiner or funeral director** when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests:** for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.
- **Respond to requests about people in custody:** if you are an inmate of a correctional institution or in the custody of a law enforcement official, we can share information the institution or official needs for your health and the health and safety of others.
- **Respond to lawsuits and legal actions:** we can share health information about you in response to a court or administrative order, or in response to a subpoena.

SUBSTANCE USE DISORDER TREATMENT RECORDS

If we receive or keep records about you from a substance use disorder treatment program that is protected by federal law (42 C.F.R. Part 2), those records have additional protections:

- We will not use or share those records, or testimony describing their contents, in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you give your written consent, or a court issues an order and a subpoena after you are given notice and an opportunity to be heard, as the law requires.
- If you signed a single consent allowing your records to be used for treatment, payment, and health care operations, we may use and share them for those purposes as described in this notice.
- We will not use those records for fundraising unless you are first given a clear and conspicuous opportunity to choose not to receive fundraising communications.

NEW JERSEY LAW

New Jersey law gives extra protection to some types of information, such as HIV and AIDS-related information and genetic information. When New Jersey law is stricter than federal law, we follow the stricter law, and we will ask for your specific written permission when New Jersey law requires it. As New Jersey law requires, we keep dental records for at least 7 years from the date of the last entry.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time, except to the extent we have already acted on your permission. Let us know in writing if you change your mind.

Changes to the terms of 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 upon request, in our office, and on our website, GetMolar.com.

CONTACT US

Privacy Officer: Dr. Michel Abou-Obeid | **Mail:** Molar Dental, 196 Paterson Avenue, Suite 1A, East Rutherford, New Jersey 07073 | **Phone:** 201-438-8717 | **Email:** hello@getmolar.com | **Effective date of this notice:** October 30, 2026

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 201-438-8717 or speak with any team member.