

NOTICE OF PRIVACY PRACTICES

Inspire Dentistry

Effective: February 16, 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 Commitment to Your Privacy

Inspire Dentistry (“the Practice”) is committed to protecting the privacy of your health information. We are required by federal law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to maintain the privacy and security of your protected health information (PHI), to provide you with this Notice of our legal duties and privacy practices concerning your PHI, and to abide by the terms of this Notice.

Protected health information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the payment for such health care.

We reserve the right to change the terms of this Notice at any time. Any revised Notice will apply to all PHI that we maintain, including information created or received before the date of the revision. We will make copies of our most current Notice available at our office, upon request, and on our website.

How We May Use and Disclose Your Health Information

The following describes the ways we may use or disclose your PHI without your written authorization:

Treatment

We may use your PHI to provide you with dental treatment or services. For example, we may share your health information with dental specialists, physicians, or other health care providers who are involved in your care, including referrals for oral surgery, orthodontics, endodontics, periodontics, or other dental specialties.

Payment

We may use and disclose your PHI to obtain payment for dental services provided to you. This may include submitting claims to your dental insurance plan, determining your eligibility for benefits, conducting utilization review, and obtaining prior authorization for recommended procedures.

Health Care Operations

We may use and disclose your PHI in connection with our health care operations, including quality assessment and improvement activities, staff training, business planning, customer service, and other activities necessary to run our practice and ensure quality care.

Appointment Reminders and Treatment Alternatives

We may contact you to provide appointment reminders and information about treatment options or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care

We may disclose your PHI to a family member, friend, or other person you indicate is involved in your care or who helps pay for your care. We may also notify your family about your location, general condition, or death.

As Required by Law

We will use or disclose your PHI when required to do so by federal, state, or local law.

Public Health Activities

We may disclose your PHI for public health activities, such as reporting disease, injury, vital events, and conducting public health surveillance, investigations, or interventions.

Health Oversight Activities

We may disclose your PHI to a health oversight agency for authorized activities, including audits, civil or criminal investigations, inspections, licensure, and other proceedings necessary for the government to monitor the health care system and compliance with applicable laws.

Judicial and Administrative Proceedings

We may disclose your PHI in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process, subject to applicable legal requirements.

Law Enforcement

We may disclose your PHI, to the extent permitted by law, to a law enforcement official for law enforcement purposes as required by law or in compliance with a court order, warrant, subpoena, or summons, or to identify or locate a suspect, fugitive, material witness, or missing person.

Coroners, Funeral Directors, and Organ Donation

We may disclose your PHI to a coroner or medical examiner for identification, determining cause of death, or to perform duties authorized by law. We may also disclose PHI to funeral directors and for cadaveric organ, eye, or tissue donation purposes.

Research

Under certain circumstances, we may use or disclose your PHI for research purposes, provided that certain safeguards are in place.

Serious Threats to Health or Safety

We may use and disclose your PHI when necessary to prevent or reduce a serious and imminent threat to your health or safety or the health and safety of the public or another person.

Military, Veterans, and Specialized Government Functions

If you are a member of the armed forces, we may use or disclose your PHI as required by military command authorities. We may also disclose PHI for national security, intelligence, and protective services purposes.

Workers' Compensation

We may disclose your PHI to comply with workers' compensation laws and other similar programs providing benefits for work-related injuries or illness.

Substance Use Disorder Treatment Records

Federal law under 42 CFR Part 2 provides additional privacy protections for records related to the treatment of substance use disorders (SUD). These protections apply to information received from federally assisted programs that diagnose, treat, or make referrals for the treatment of substance use disorders (“Part 2 programs”).

Important Notice Regarding SUD Records:

If this Practice receives health information that is protected under 42 CFR Part 2, such information may be subject to restrictions on use and disclosure that are more stringent than those that apply to other protected health information under HIPAA. Where applicable, our use and disclosure of such information will comply with the requirements of 42 CFR Part 2 in addition to HIPAA.

If we receive records from a Part 2 program, those records may generally only be used or disclosed for treatment, payment, and health care operations purposes with your written consent, as required by 42 CFR Part 2. This is more restrictive than HIPAA, which generally permits such uses and disclosures without your written authorization.

Required Disclosure Regarding Proceedings:

Substance use disorder treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

If this Practice intends to use or disclose records protected by 42 CFR Part 2 for fundraising for the benefit of this Practice, you will first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications related to such records.

Redisclosure Notice

Health information that we disclose pursuant to your authorization or as otherwise permitted under HIPAA may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule. However, substance use disorder treatment records protected by 42 CFR Part 2 that are redisclosed with your written consent must include a notice prohibiting further redisclosure except as permitted by 42 CFR Part 2.

Uses and Disclosures Requiring Your Written Authorization

Except as described in this Notice, we will not use or disclose your PHI without your written authorization. You may revoke your authorization in writing at any time, except to the extent that the Practice has already taken action based on your authorization. Uses and disclosures that require your authorization include:

- Most uses and disclosures of psychotherapy notes, if applicable
- Uses and disclosures of your PHI for marketing purposes
- Disclosures that constitute the sale of your PHI
- Other uses and disclosures not described in this Notice

Your Rights Regarding Your Health Information

Right to Access

You have the right to inspect and obtain a copy of your PHI that is maintained in a designated record set, with limited exceptions. You may request that we provide copies in a specific format, and we will do so if it is readily producible in that format. We may charge a reasonable, cost-based fee for copies.

Right to Request an Amendment

If you believe that your PHI is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances, and if we do, we will explain why in writing.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures of your PHI that we have made.

Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations, subject to applicable law.

Right to Request Confidential Communications

You have the right to request confidential communications.

Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice upon request.

Right to Be Notified of a Breach

You have the right to be notified if there is a breach of your unsecured PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with this Practice or with the U.S. Department of Health and Human Services Office for Civil Rights:

Online: www.hhs.gov/ocr/privacy/hipaa/complaints/

By mail: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201

By phone: 1-877-696-6775

We will not retaliate against you in any way for filing a complaint.

Contact Information

If you have any questions about this Notice or our privacy practices, please contact our Privacy Officer:

Mahmoud Irannezhad, DDS, Privacy Officer

Inspire Dentistry

8412 Katy Fwy, 330, Houston, TX 77024-1951

Phone: **281-857-6389**

Email: **mahmoud.irannezhad.dds@gmail.com**

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