

Right to Request Confidential Communications

You may request alternative communication methods or locations.

Right to Amend

You may request an amendment to your records. If denied, we will provide a written explanation.

Right to Notification of a Breach

You will be notified of any breach of your unsecured protected health information as required by law.

Right to a Paper Copy

You may request a paper copy of this Notice at any time.

QUESTIONS OR COMPLAINTS

If you have questions, concerns, or believe your privacy rights have been violated, you may contact us using the information below. You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate for filing a complaint.

SMS DISCLOSURE

By providing a telephone number and submitting this form, you consent to receive SMS text messages from Baumwoll Orthodontics about our services. Message frequency may vary. Message and data rates may apply. Reply **STOP** to opt out of further messaging and **HELP** for assistance or call (973) 989-5100. Please see our Privacy Policy.

PRIVACY OFFICIAL CONTACT INFORMATION

Privacy Official Name: Jenna or Natalie

Telephone: (973) 989-5100

Fax: (973) 989-5104

Address: 390 Route 10 West, Randolph NJ, 07869

Email: office@baumwollortho.com

We may disclose information to approved researchers with appropriate privacy safeguards.

Coroners, Medical Examiners, Funeral Directors

We may disclose information as necessary for identification, determining cause of death, or fulfilling their duties.

Fundraising

We may contact you regarding fundraising activities. You may opt out at any time.

Substance Use Disorder Treatment Information (42 CFR Part 2)

We will handle any Part 2 Program records in accordance with federal confidentiality rules and your specific consent.

OTHER USES AND DISCLOSURES

Your written authorization is required for:

- Psychotherapy notes
- Marketing uses of PHI
- Sale of PHI
- Any other use or disclosure not described in this Notice

You may revoke authorization at any time in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right of Access

You may inspect or obtain copies of your health information, with limited exceptions. Requests must be in writing. Reasonable, cost-based fees may apply.

Right to Request an Accounting of Disclosures

You may request a list of certain disclosures made in the past six years.

Right to Request Restrictions

You may request restrictions on how we use or disclose your information. We are not required to agree, except when disclosure is to a health plan for a service paid in full out-of-pocket.

We may disclose your health information to family, friends, or others involved in your care or payment for your care, as identified by you.

Disaster Relief

We may disclose information to assist in disaster relief efforts.

Required by Law

We will disclose information when required by federal, state, or local law.

Public Health Activities

We may disclose information to:

- Prevent or control disease, injury, or disability
- Report child abuse or neglect
- Report adverse reactions to medications or product issues
- Notify individuals of recalls
- Notify individuals exposed to disease
- Report suspected abuse, neglect, or domestic violence

National Security and Law Enforcement

We may disclose information to military authorities, authorized federal officials, correctional institutions, or law enforcement as permitted by law.

Secretary of HHS

We must disclose information when required to investigate HIPAA compliance.

Worker's Compensation

We may disclose information as authorized to comply with worker's compensation laws.

Health Oversight Activities

We may disclose information for audits, investigations, inspections, and licensure activities.

Judicial and Administrative Proceedings

We may disclose information in response to a court or administrative order, subpoena, or other lawful process.

Research

Baumwoll Orthodontics

390 Rt 10, Randolph, NJ | (973) 989-5100 | office@baumwollortho.com | www.baumwollortho.com

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

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

OUR LEGAL DUTY

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by law, and to make the new Notice effective for all protected health information we maintain. When significant changes are made, we will post the revised Notice prominently at our practice and provide copies upon request.

You may request a copy of this Notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

We may use or disclose your health information to provide, coordinate, or manage your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

Payment

We may use or disclose your health information to obtain payment for services. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage.

Healthcare Operations

We may use or disclose your health information for practice operations such as quality assessment, training, and licensing.

Individuals Involved in Your Care