

NOTICE OF PRIVACY PRACTICES
MALINOSKI & ASSOCIATES DDS PC DBA HARMONY DENTAL

Effective Date: January 19, 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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

Contact Information:

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Officer.

Telephone: 269.279.7876 Address: 717 S. Health PKWY Three Rivers, MI 49093

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect January 19th, 2026, and it will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes to our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. A copy of the current notice will be available in our facility and on our website. We collect and maintain oral, written, and electronic information to administer our business and to provide products, services, and information of importance to our patients. We maintain physical, electronic, and procedural safeguards in the handling and maintenance of our patient's medical information, in accordance with applicable state and federal standards to protect against risks such as loss, destruction, and misuse.

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 us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Treatment: We may disclose your medical information, without your prior approval to another dentist or healthcare provider working in our facility or otherwise providing you treatment for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, your health information may be disclosed to an oral surgeon to determine whether surgical intervention is needed.

Payment: Your medical information may be used to seek payment from your insurance plan or from you.

Health Care Operations: We may use and disclose your medical information, without your prior approval, for health care operations. Health care operations include:

- Healthcare quality assessment and improvement activities
- Reviewing and evaluating dental care provider performance, qualifications and competence, health care training programs, provider accreditation, certification, licensing and credentialing activities.

Your Authorization: You (or your legal personal representative) may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this Notice.

Family, Friends, and Others involved in your care or payment for care: We may disclose your medical information to a family member, friend, or any other person you involve in your care or payment for your health care. We will disclose the medical information that is relevant to the person's involvement, but only if you agree that we may do so. We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency.

Health-Related Products and Services: We may use your medical information to communicate with you about health-related products, benefits, services, and payment for those products and services and treatment alternatives.

Reminders: We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders via US mail, email, and telephone. By providing your email address to us, you agree that you may receive reminders and breach notifications via email as a possible alternative to US mail. It is the policy of our

office to leave a message on any voicemail or answering machine that may be attached to a number that you provide (home, work, or cell).

Plan Sponsors: If your dental coverage is through an employer's sponsored group dental plan, we may share summary health information with the plan sponsor.

Public Health and Benefit Activities: We may use your medical information, without your permission, when required by law and when authorized by law for the following kinds of public health and public benefit activities:

- For public health, including to report disease and vital statistics, child abuse, adult abuse, neglect or domestic violence
- For health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities and fraud prevention agencies
- To law enforcement officials with regard to crime victims and criminal activities
- To coroners, medical examiners, funeral directors, and organ procurement organizations.
- To the military, federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody and;
- As authorized by state workers' compensation laws.

Special Protections for SUD Records: Substance Use Disorders (SUD) Treatment records have enhanced protections. They cannot be used in legal proceedings without your consent or court order.

Business Associates: We may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than specified in our contract.

Data Breach Notification Purposes: We may use your contact information to provide legally required notices of unauthorized acquisition, access, or disclosure of your health information.

Additional Restrictions on use and disclosure: Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly Confidential Information" may include confidential information under Federal laws governing reproductive rights, alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

- 1) HIV/AIDS
- 2) Mental Health
- 3) Genetic Tests (in accordance with GINA 2009)
- 4) Alcohol and drug abuse
- 5) Sexually transmitted diseases and reproductive health information; and
- 6) Child or adult abuse or neglect, including sexual assault.

YOUR RIGHTS

- 1) You have a right to see and get a copy of your health records
- 2) You have a right to amend your health information.
- 3) You have a right to ask to get an Accounting of Disclosures of when and why your health information was shared for certain purposes.
- 4) You are entitled to receive a Notice of Privacy Practices that tells you how your health information may be used and shared.
- 5) You may decide if you want to give your Authorization before your health information may be used and shared for certain purposes, such as marketing. It is the policy of our office NOT to sell or disclose your information to any outside firms or business partners.
- 6) You have the right to receive your information in a confidential manner and restrict certain communication methods.
- 7) You have the right to restrict who receives your information.
- 8) You have a right to request amendment to be made to your health records by submitting the request in writing to our privacy officer. Your request does not guarantee the amendment, but does guarantee that it will be reviewed and considered.
- 9) If you believe your rights are being denied or your health information is not be protected, you can:
 - a. File a complaint with your provider or health insurer
 - b. File a complaint with the U.S Government
- 10) Right to opt out of fundraising activities.

Malinoski & Associates DDS PC DBA Harmony Dental complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Harmony Dental does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Malinoski & Associates DDS PC DBA Harmony Dental:

- Provides free aids and services to people with disabilities to communicate effectively with us such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, please contact Pam Malinoski.

If you believe that Malinoski & Associates DDS PC DBA Harmony Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Pam Malinoski – Office Manager, 717 S. Health Pkwy, 269-279-7876, pammalinoski@outlook.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pam Malinoski is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Assistance Services for Individuals with Limited English Proficiency

Section 1557 Of The Affordable Care Act

We will take reasonable steps, in accordance with current HIPAA requirements, to provide free language assistance services to people who speak common languages that we are likely to hear within our practice and who don't speak English well enough to talk to us about the healthcare service we provide.

Translation of the above statement in:

Spanish: Tomaremos medidas razonables, de acuerdo con los requisitos actuales de HIPAA, para proporcionar servicios de asistencia lingüística gratuitos a las personas que hablan idiomas comunes que probablemente escuchemos en nuestra práctica y que no hablen el inglés lo suficientemente bien como para hablarnos sobre la atención médica. Servicio que brindamos.

French: Nous prendrons des mesures raisonnables, conformément aux exigences actuelles de la loi HIPAA, pour fournir des services d'assistance linguistique gratuits aux personnes qui parlent des langues communes que nous sommes susceptibles d'entendre dans notre cabinet et qui ne parlent pas suffisamment l'anglais pour nous parler des soins de santé. service que nous fournissons.

Italian:

Adotteremo misure ragionevoli, in conformità con gli attuali requisiti HIPAA, per fornire servizi di assistenza linguistica gratuiti a persone che parlano lingue comuni che probabilmente sentiremo all'interno della nostra pratica e che non parlano inglese abbastanza bene da parlarci della sanità servizio che forniamo.

French Creole (Haitian Creole):

Nou pral pran mezi rezonab pou bay sèvis asistans lang gratis pou moun ki pale lang nou pagen ide deyo ak ki pa pale angle byen ase pou pale ak nou sou swen nou ap bay.

German: In Übereinstimmung mit den aktuellen HIPAA-Anforderungen werden wir angemessene Schritte unternehmen, um Menschen, die gängige Sprachen sprechen und die wir wahrscheinlich in unserer Praxis hören werden, kostenlose Sprachassistenzdienste anzubieten, die nicht gut genug Englisch sprechen, um mit uns über die Gesundheitsversorgung zu sprechen Service, den wir anbieten.

Portuguese: Tomaremos medidas razoáveis, de acordo com os requisitos atuais da HIPAA, para fornecer serviços gratuitos de assistência em idiomas para pessoas que falam idiomas comuns que provavelmente escutaremos em nossa prática e que não falam inglês o suficiente para conversar conosco sobre os cuidados de saúde. serviço que prestamos.

Croatian: Poduzimat ćemo razumne korake, u skladu s trenutnim zahtjevima HIPAA-e, pružiti besplatne usluge jezične pomoći osobama koje govore zajedničke jezike koje ćemo vjerojatno čuti u našoj praksi i koji ne govore dovoljno dobro engleski jezik da razgovaraju s nama o zdravstvenoj zaštiti usluge koje pružamo.

Greek:

Θα λάβουμε εύλογα μέτρα, σύμφωνα με τις ισχύουσες απαιτήσεις της HIPAA, για να παρέχουμε δωρεάν υπηρεσίες γλωσσικής βοήθειας σε άτομα που μιλούν κοινές γλώσσες που πιθανόν να ακούσουμε μέσα στην πρακτική μας και που δεν μιλούν αρκετά καλά αγγλικά για να μας μιλήσουν για την υγειονομική περίθαλψη υπηρεσιών που παρέχουμε.

Korean: 우리는 현재의 HIPAA 요구 사항에 따라 합리적인 조치를 취하여 우리가 실제로 듣고 싶어하는 공통 언어를 사용하는 사람들에게 무료 언어 지원 서비스를 제공 할 것이며 건강 관리에 관해 우리에게 충분히 이야기 할 수 있는 영어를하지 못합니다 우리가 제공하는 서비스.

Albanian:

Ne do të ndërmarrim hapa të arsyeshëm, në përputhje me kërkesat e tanishme të HIPAA, për të ofruar shërbime të asistencës gjuhësore falas për njerëzit që flasin gjuhë të zakonshme që ne mund të dëgjojmë brenda praktikës sonë dhe që nuk flasin anglisht mjaft mirë për të folur me ne për kujdesin shëndetësor shërbim që ne ofrojmë.

Hindi: हम वर्तमान HIPAA आवश्यकताओं के अनुसार, सामान्य भाषा बोलने वाले लोगों को मुफ्त भाषा सहायता सेवाएं प्रदान करने के लिए उचित कदम उठाएंगे, जो कि हमारे अभ्यास के भीतर सुनने की संभावना है और जो स्वास्थ्य सेवाओं के बारे में हमसे बात करने के लिए पर्याप्त अंग्रेजी नहीं बोलते हैं सेवा हम प्रदान करते हैं।

Tagalog:

Magsasagawa kami ng mga makatwirang hakbang, alinsunod sa kasalukuyang mga kinakailangan ng HIPAA, upang magbigay ng mga serbisyo ng tulong sa libreng wika sa mga taong nagsasalita ng mga karaniwang wika na malamang na marinig natin sa loob ng aming pagsasanay at hindi mahusay na nagsasalita ng Ingles upang makipag-usap sa amin tungkol sa pangangalagang pangkalusugan serbisyo na ibinigay namin.

Japanese: 私たちは、現在のHIPAAの要件に従って、私たちが慣れ親しんでいると思う一般的な言語を話し、ヘルスケアについて私たちに十分話すことができない英語を話す人々に無料の言語支援サービスを提供する私達が提供するサービス。

Arabic:

سوف نتخد خطوات معقولة ، وفقاً لمتطلبات
الحالية ، لتوفير خدمات مساعدة لغوية مجانية
للاشخاص الذين يتحدثون اللغات الشائعة التي من
المرجح أن نسمعها داخل ممارستنا والذين لا يتحدثون
الإنجليزية بشكل جيد للتحدث إلينا حول الرعاية
المجانية الخدمة التي نقدمها.

Polish: Podejmiemy uzasadnione kroki, zgodnie z aktualnymi wymaganiami HIPAA, aby
świaadczyć bezpłatne usługi pomocy językowej osobom znającym wspólne języki, które
prawdopodobnie usłyszymy w naszej praktyce i które nie mówią po angielsku wystarczająco
dobrze, aby porozmawiać z nami na temat opieki zdrowotnej. świadczone przez nas usługi.

Vietnamese: Chúng tôi sẽ thực hiện các bước hợp lý, theo các yêu cầu hiện tại của HIPAA, để
cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho những người nói ngôn ngữ phổ biến mà chúng
tôi có thể nghe trong khi thực hành và những người không nói tiếng Anh dù tốt để nói chuyện với
chúng tôi về chăm sóc sức khỏe dịch vụ chúng tôi cung cấp.

Chinese: 我们将根据当前的HIPAA要求采取合理措施，为在我们的实践中可能会听到的普通语言的人提供免费的语言协助服务·并且他们不会说英语·以便与我们讨论医疗保健我们提供的服务。

Russian: Мы предпримем разумные шаги в соответствии с текущими требованиями
HIPAA, чтобы предоставить бесплатные услуги языковой помощи людям, которые говорят на
общих языках, которые мы, вероятно, услышим в нашей практике, и которые недостаточно
хорошо говорят по-английски, чтобы говорить с нами о здравоохранении Сервис, который
мы предоставляем.