OFFICE NOTICES AND POLICIES

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT "NOTICE OF PRIVACY PRACTICES"

Effective Date: October 16, 2026; revised October 16, 2026, 2023

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. If you have any questions about this Notice, our policies or clinic location, please contact the Cordido Dental Pros, PLLC Officer at 7709 San Jacinto Pl. Ste 200. Plano, TX 75024. Phone: (469) 466-2371.

Who We Are

This Notice describes the privacy practices of Cordido Dental Pros, PLLC and services furnished by its Health Care Providers. Federal law requires us to provide this Notice to you.

Our Pledge Regarding Medical and Billing Information. We understand that information about you and your health is personal. We are committed to protecting medical and billing information about you. We create a record of the care and services you receive from our providers. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, a plan for future care or treatment, and charges or bills for services related to your care. These records are used to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all of the records of your care generated by our providers.

This Notice will tell you about the ways in which we may use and disclose medical and billing information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to: Make sure that medical and billing information that identifies you is kept private; Give you this Notice of our legal duties and privacy clinic locations with respect to medical and billing information about you; and Follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Medical and Billing Information about You

The following categories describe different ways we use and disclose medical and billing information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Electronic Disclosure: Your protected health information is subject to electronic disclosure. We can only disclose your protected health information electronically for treatment, payment, health care operations, or as otherwise authorized or required by law. Any other disclosure cannot be done without your authorization for each disclosure. At your request, we are authorized to send protected health information to you via email. However, there are significant risks associated with utilizing unencrypted emails.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technic office staff, or other medical personnel who are involved in taking care of you. We may also disclose information about you to other health care providers outside our clinic location so they may treat you. For example, your doctor may be treating you for heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. He may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions, scheduling lab work, and ordering x-rays. We may also disclose medical information about you to family members and other health care professionals outside our clinic location who may be involved in your medical care. This information is shared on the basis of other health care staff "needing to know" information about you to provide safe necessary treatment to you.

For Payment: We may use and disclose medical information about you so the treatment and service you receive at our clinic location may be billed to and payment may be collected from you, or other third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. We may also use or disclose your health information to our billing department/company or consumer reporting agencies for claims management or collection activities pertaining to the collection of payments owed to us.

For Health Care Operations: We may use and disclose medical information about you for office operation. These use and disclosures are necessary for patient quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health Information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who you or other patients are as individuals. We may provide information about you to other health care providers, health plans, or health care clearinghouses to perform activities such as quality assessment, case management, training, and studying groups of people for the purpose of improving health.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for tests, treatment or medical care.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you or offer you optional care alternatives.

Health-Related Products and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: Unless you tell us otherwise, we may release medical information about you to a friend or family member who is involved in your medical care. We may give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are at our clinic location. In addition, we may disclose medical Information about you to an entity assisting us in a disaster relief effort so that your family can be notified about your condition, status, and location.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples may include transcription services, dental laboratories, billing services or healthcare clearinghouse. When these services are contracted, we may disclose your

health information to our business associates so they can perform the jobs we've asked them to do and bill you or your third-party payer for services rendered.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. Before we use or disclose medical information for research, the project will go through a special approval process. In certain circumstances, we are permitted to disclose medical information about you to people preparing for research. For example, researchers may look for patients with specific treatment needs to develop a research protocol, but may not remove the medical information they review from the clinic location.

As Required by Law: We will disclose medical information about you when required to do so by federal, state, or local laws.

To Avert a Serious Threat to Health or Safety: We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or other person. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military Personnel: If you are a member of the armed forces, active or reserve, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation: We may release medical information about you as necessary to comply with laws related to worker's compensation or similar programs that provide benefits for work-related injuries or illnesses.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease, or who may be at risk for contracting or spreading a disease or condition; and
- To notify the appropriate government or law enforcement authority if we believe a patient has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the clinic location; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about you as a patient of our Health Care Providers to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose medical information about you to authorize federal officials so they may provide protection to the President, other authorized persons and foreign heads of state or to conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other Uses of Medical Information: Authorization and Right to Revoke Authorization: The following uses and disclosures of your protected health information will be made only with your written authorization:

1. Uses and disclosures of protected health information for marketing purposes
2. Disclosures that constitute a sale of your protected health information; and
3. Disclosures of psychotherapy notices, except for certain treatment, payment or health care operations activities.

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you authorize us to disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required by state law to retain our records of the care that we provide to you.

Your Right Regarding Medical and Billing Information About You

You have the following rights regarding your medical and billing information we maintain.

Right to Notice of Breach: You have the right to be notified if we or one of our business associates become aware or a breach of your unsecured protected health information. A breach means the acquisition, access, use, or disclosure of your unsecured protected health information in a manner not permitted under the law that compromises the security or privacy of your protected health information.

Right to Restrict Disclosure for Services Paid by You in Full: You have the right to restrict the disclosure of your protected health information to a health plan if the protected health information pertains to health care services for which you paid in full directly to us.

Right to Inspect and Copy Your Medical and Billing Information: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and obtain a copy of medical and billing information that may be used to make decisions about you, you must submit your request in writing to the Cordido Dental Pros, PLLC Officer at 7709 San Jacinto Pl. Suite #200. Plano, TX 75024. If you request a copy of the information, we must respond to you within fifteen (15) business days and may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend Your Medical and Billing Information: If you feel that medical and billing information we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept by or for the facility. To request an amendment, your request must be made in writing and submitted to the Cordido Dental Pros, PLLC Officer at 7709 San Jacinto Pl. Suite #200. Plano, TX 75024. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing, or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical or billing information kept by or for the clinic location;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete

Right to an Accounting of Disclosures of Your Medical and Billing Information: You have the right to request an "accounting of disclosures," This is a list of certain disclosures we made of medical and billing information about you, except for those disclosures to carry out treatment, payment or health care operations, disclosures made to you, disclosures you have authorized or certain other disclosures. To request an accounting of disclosures, you must submit your request in writing to the Cordido Dental Pros, PLLC Officer at 7709 San Jacinto Pl. Suite #200. Plano, TX 75024. Your request must state a time period, which may not be longer than six (6) years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the uses and disclosures of your medical or billing information for treatment, payment or health care operations. You also have the right to request a restriction on the medical or billing information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about your particular treatment. We are not required to agree to your request. If we cannot agree to your requested restriction, we will notify you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We may terminate our agreement for a restriction if we inform you and you agree. To request restrictions, you must make your request in writing to the Cordido Dental Pros, PLLC Officer at 7709 San Jacinto Pl. Suite #200. Plano, TX 75024.

Right to Request Confidential Communications: You have a right to request that we communicate with you about medical treatment and options in a certain way or at a certain location. For example, you can ask that we contact you at a different phone number or address than that shown in your records. To request confidential communications, you must make your request in writing to the Cordido Dental Pros, PLLC Officer at 7709 San Jacinto Pl. Suite #200. Plano, TX 75024. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You will be offered a paper copy during the admission or registration process. You may ask the Health Care Provider to give you a copy of this Notice at any time, or you may contact the Cordido Dental Pros, PLLC Officer at 7709 San Jacinto Pl. Suite #200. Plano, TX 75024. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. This Notice may be available on the website www.cordidodentalpros.com.

Changes to This Notice

We reserve the right to change this Notice at any time. The effective date of the revised Notice will be on the first page. As of the effective date, distribution of the revised Notice that is in effect will be the same as above in the section describing your rights to receive a paper copy of the Notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the clinic location, contact the Cordido Dental Pros, PLLC Officer at 7709 San Jacinto Pl. Suite #200. Plano, TX 75024. or by phone Phone: (469) 466-2371.

Please sign the receipt and acceptance of this notice in the corresponding sheet.

PATIENT RIGHTS AND RESPONSIBILITIES

At Cordido Dental Pros, PLLC, (CDP) we believe that by understanding and participating in your oral health care at our clinic you can achieve more satisfactory, long-term results. This will be equally true if you are a parent or legal guardian of a minor for whom you must provide treatment consent. Therefore, we encourage a partnership between you and our dental team members. By exercising your patient rights and responsibilities, you fulfill your role as a member of our team and help assure that your oral health will meet your expectations, both now and in the future.

You have a right to considerate, respectful and confidential treatment. We respect your right to be treated respectfully and will honor your request to be addressed in a manner that is acceptable to you. You have the responsibility to be considerate and respectful to other patients and our clinic personnel. You have the responsibility to be respectful of the property of other patients and of the clinic. Patient are expected to treat other patients and CDP personnel with courtesy and respect. CDP enforces a no-tolerance policy to any type of harassment, inappropriate behavior or comments of a discriminatory or and will result in you being dismissed as a patient.

Confidentiality of your dental records is assured by both federal and Texas law. Your records will not be released to persons or agencies outside the clinic unless you provide written consent to do so. Exceptions may apply, however, with respect to complaint investigation, when required by third party payment contracts, or when allowed by law. You have the responsibility to provide, to the best of your ability, honest and complete information about your medical history and current health status and provide feedback about your needs and expectations.

You have a right to continuous and timely completion of your treatment. As a patient at CDP, you have the right to receive a comprehensive care in a timely manner. You have a responsibility to keep your scheduled appointment, to provide prompt payment for the service and to be available for treatment upon reasonable notice.

You have the right to access complete and current information about your oral condition. Your oral health care at CDP may involve a few simple procedures or it may encompass a number of more complex procedures. Whatever the scope of your treatment, information regarding your oral health is available. While we make every attempt to keep you informed, you should never be reluctant to ask questions if you are uncertain about your oral health status or treatment.

You have the right to an explanation of recommended treatment and costs. You have a right to receive a complete oral health evaluation, in terms you can understand, of your diagnosis, treatment recommendations, reasonable alternatives, risks and benefits and probable outcomes associated with each option, including no treatment, and the respective costs. Parents or legal guardians/conservators have a right to an explanation regarding the options for the behavioral management of children. If you do not understand these explanations, you have the responsibility to ask for additional information. Payment is expected at the time of treatment. You have the responsibility to adhere to regular home oral health care recommendations. You have the responsibility for your actions if you refuse treatment or do not follow the dentists' prescribed treatment plan.

You have the right to acknowledge your consent to treatment. After being informed of your treatment options and their costs, you have the right to accept, defer or decline any of the options, provided that professional standards of care are not compromised. Once you have reached an agreement on the treatment to be performed, you will be asked to provide written consent prior to beginning treatment. You will be asked to sign documents and you should have complete information about their content. Payment is expected at the time of treatment.

Please sign the receipt and acceptance of this notice in the corresponding form.

PHOTO AND VIDEO RELEASE

I hereby irrevocably grant Cordido Dental Pros, PLLC. Permission to use, publish, and/ or reproduce in any form all photographs and videos made of me throughout the course of treatment. All image shall be considered the property of Cordido Dental Pros, PLLC.

OFFICE POLICIES

General:

- ★ Office hours are 8:30 am to 5:00 pm Monday, Tuesday, Thursday and Friday.
- ★ Patients are seen by appointment only.
- ★ New Patient paperwork must be completed PRIOR to the First Consult appointment. Please make an effort to arrive 15 to 30 mins early for your appointment to take care of any paperwork needed.

Medications

- ★ Patient must bring a list of all his or her medications, including prescribed, over-the-counter, herbal or natural medications to EACH visit.

Fees

- ★ Payment for services is the sole responsibility of the patient and/or guardian.
- ★ Payment is required at the time of service PRIOR to be passed back into the operatory.

Insurance

- ★ Dr. Cordido is not an in-network provider with any of the insurance companies for Medical nor Dental treatment. The offices does not accept assignment of benefits. Payment in full is required by the time of service. Patient specific treatment plans will dictate the estimated timelines of procedures and financial obligations.
- ★ Patient can request billing statement of completed treatment and copies of their Progress Notes when the patient decides to file his or her insurance seeking reimbursement.
- ★ Our office will not file or handle any insurance claim.

Scheduling, Cancellations and No Shows

- ★ We will make every attempt to place a reminder call for patient's appointments (either in person or through automated generated call or SMS service). However, whether or not a confirmation is obtained, the patient is still responsible for remembering his or her appointment day and time.
- ★ Scheduled appointment times are reserved especially for you. We understand that life happens, and sometimes there is a need to cancel or reschedule an appointment. Please let us know as soon as possible the need to change your appointment.
- ★ **Scheduling Fee**: After a second cancellation or no-show instance, a non-refundable scheduling fee of $55.00 might be required at the time of booking the next appointment. This fee will be credited to your scheduled service.
  - ✓ Cancellation window: We require at least 48 hours' notice to cancel or reschedule your appointment without penalty,
  - ✓ Late cancellations or no shows: If the patient cancels or reschedules within 48 hours of their appointment time – or if the patient fails to show up on time ("no-show") without prior notification – the scheduling fee will be forfeited and retained as a cancellation/no-show fee.
  - ✓ How to cancel: Cancellations must be made by phone by calling our main number 469-466-2371.
- ★ Repeated "no shows" and/or cancellations of appointments could result in dismissal as a patient.

Consent for Treatment

- ★ We will explain, to the best of our ability, the treatment plan options for your case. These options are tailored to your case. You will receive a general consent form related to your treatment plan as well as one specific consent form for each appointment for the specific procedure to be performed on each visit.
- ★ We will answer to the best of our ability all your questions pertaining to your treatment plan.
- ★ The practice of Prosthodontics is not an exact science. Therefore no guarantees can be made as to the results of the case or the longevity of a dental device.

Please sign the receipt and acceptance of this notice in the corresponding form.

OFFICE NOTICES AND POLICIES

Patient Name: _____ DOB: ____/____/_____
Last First Middle

I have received and reviewed the following forms from Cordido Dental Pros, PLLC. I understand them and accept their terms.

- ☐ The Health Insurance Portability And Accountability Act "Notice Of Privacy Practices" (10/16/2026)
- ☐ Office Policies (10/16/2026)
- ☐ Patient Rights And Responsibilities (10/16/2026)
- ☐ Photo and Video Release (10/16/2026)

Signature: _____ Date: _____

If other than the patient, indicate relationship: parent or legal guardian _____

(469) 466-2371 ★ team@cordidodentalpros.com ★ 7709 San Jacinto Pl. Ste 200. Plano, Texas. 75024

www.cordidodentalpros.com.