



# Member Handbook

*2024 Edition*

# Managing Your Orange Dental Network Benefits Offering

## Introduction

Thank you for choosing Orange Dental Network as your plan! You can officially become an Orange member by simply signing up online by going to your website [orangedentalnetwork.com](http://orangedentalnetwork.com). This plan works to help you achieve your dental needs at an affordable price.

Orange Dental Network supports open provider-patient communication regarding appropriate treatment options. Orange Dental Network keeps a list of all providers who participate with this membership on the website at [orangedentalnetwork.com](http://orangedentalnetwork.com).

This handbook also provides information on members rights. We recommend that you keep this handbook in a convenient place so you can refer to it when questions come up.

We are here to help, email us with any questions that may arise.  
Thank you for being a member.

### **Orange Dental Network Member Services Department**

[orangedentalnetwork@gmail.com](mailto:orangedentalnetwork@gmail.com)

**386-317-0000**

912 South Ridgewood Ave, Suite A  
Daytona Beach, Florida 32114

## Welcome Statement

On behalf of Orange Dental Network, let us extend a warm and sincere welcome. We hope you enjoy your savings and we are glad to have you with us. We ensure that our members deserve top tier care while maintaining affordable, realistic prices. We believe each member contributes directly to Orange Dental Network's growth and success.

## Mission Statement

Orange Dental Network was founded in August 2024 with the goal of creating a transparent fee schedule that can be utilized across multiple dental offices. Orange Dental Network hopes to help patients budget for dental visits by supplying a published fee schedule. Orange Dental Network also wants to help dentists by providing realistic fees that dental offices need to pay for staff and overhead costs.

## Your Perks with Orange Dental Network

- 1- Consistent Fee Schedule
- 2- No Denials
- 3- No Waiting Period
- 4- No Annual Benefit Limit
- 5- No Prior Authorization Needed

## How Does Orange Work?

- 1- Orange is an annual membership program.
- 2- You pay a one time plan fee up front.
- 3- Your plan is activated by our staff.
- 4- At your appointments, let the dental office know that you have a discount plan so that they charge you the discounted rate.
- 5- Then you pay out-of-pocket for the discounted dental services you receive throughout the year.

With your Orange Dental Network membership it is important to note that this plan is not insurance. This plan provides discounts at certain health care providers for medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those healthcare providers who have contracted with the discount plan organization.

## Emergency

In the event of an emergency, please seek treatment by calling 911 or go to the nearest emergency room. Any severe illness or injury should be evaluated in the emergency room.

## Membership Agreement

### Orange Dental Network

This Membership Agreement, hereinafter referred to as “Agreement,” is made between Orange Dental Network (“Organization”), a dental savings company, organized under the laws of the state of Florida, having its principal place of business at the following address:

**912 South Ridgewood Avenue**

**Suite A**

**Daytona Beach, FL 32114**

**(386) 317-0000**

**[www.orangedentalnetwork.com](http://www.orangedentalnetwork.com)**

and the following member (“Member”), the current individual agreeing to the terms of this Agreement.

Organization and Member may be referred to individually as “Party” and collectively as the “Parties.”

*WHEREAS, the Organization is designed for the following purpose, elaborated on more fully below:*

*Dental savings; and*

*WHEREAS, the Member would like to join Organization and acknowledge and agrees to be bound by the terms and conditions listed herein;*

*NOW, THEREFORE, in consideration of the promises and covenants contained herein, as well as other good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged), the Parties do agree as follows:*

### **Article 1- Membership**

This Agreement forms a legally binding agreement between Member and Orange

Dental Network and governs the Member's access and use of Orange Dental Network's services (the "Membership Services"). This Agreement also covers the Organization's provision of services (the "Membership Services"). Hereinafter, "you" and other third-person pronouns will refer to Member.

BY ACCESSING OR USING ANY OF THE MEMBERSHIP SERVICES, YOU AGREE TO BE BOUND AND ABIDE BY THIS AGREEMENT AND ANY AMENDMENTS THERETO. READ THIS AGREEMENT CAREFULLY BEFORE USING ANY OF THE MEMBERSHIP SERVICES, ESPECIALLY SINCE THIS AGREEMENT MAY AFFECT YOUR LEGAL RIGHTS, SUCH AS REQUIRING BINDING INDIVIDUAL ARBITRATION, AND LIMITING YOUR RIGHT TO BRING A LAWSUIT OR CLASS ACTION. IF YOU DO NOT AGREE TO THESE TERMS, PLEASE IMMEDIATELY CEASE USE OF ANY OF THE MEMBERSHIP SERVICES.

## **Article 2- Membership Services**

The Membership Services provided by Orange Dental Network are as follows: To provide the members with a list of dental providers enrolled in the dental discount plan. Members can login to the website at [www.orangedentalnetwork.com](http://www.orangedentalnetwork.com) to check the provider list.

## **Article 3- Fees**

Fees for membership

The Member will be responsible for the payment of fees ("Fees") to the Organization each year. The yearly fees will be \$20 (twenty US dollars).

The payments will be due every year until cancellation. You are signed up for automatic renewals. It is your responsibility to login to your Mindbody account and cancel the renewal prior to the next recurrent charge.

A nonrefundable processing fee of the following amount is required: \$20 (twenty US dollars).

In the first year, refunds are not applicable as there is a \$20 processing fee. We waive membership yearly fees in the first year.

In years two and beyond, refunds will be made on a prorated monthly basis.

Refunds will take 30 days to process and must be made prior to the month of intended

cancellation.

Fees may change at any time and may increase at any time.

#### Fees for services

Discounted dental fees are at the discretion of Orange Dental Network. Fees may change at any time and may increase at any time. Notification of these fee changes may be posted to the website [www.orangedentalnetwork.com](http://www.orangedentalnetwork.com). Notification of these fee changes will not be made available to the patients by Orange Dental Network. The fee discussion will be the responsibility of the dental office in which the patient decides to visit.

Patients may not stack benefits with insurance plans or discount plans. Either Orange Dental Network or the insurance plan fees will be utilized.

I acknowledge that the Orange Dental Network is a Discount Plan Organization in which:

- I. The plan is not insurance
- II. The plan provides discounts at certain health care providers for medical services.
- III. That the plan does not make payments directly to the providers of medical services.
- IV. That the plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization.

#### **Article 4- Termination**

This Membership Agreement shall continue until terminated by either Party.

The Member may cancel at any time by logging in to their Mindbody account. Canceling online is the fastest way to cancel a membership. If a member calls Orange Dental Network at 386-317-0000 the member may leave a message to cancel their membership. The member may also provide a written notice to Orange Dental Network, 30 days before the next billing cycle. Refunds may take 30 days to process and must be

made prior to the month of intended cancellation. Members are responsible for canceling auto-renewal.

This Agreement may also be immediately terminated in the event that there is a breach of the terms of this Agreement by either Party. This Agreement will also immediately terminate upon the death of the Member, the inability of the Member to pay the Fees required, the liquidation, dissolution or discontinuance of the Organization by the Organization in any manner, or the filing of any petition by or against the Organization under federal or state bankruptcy or insolvency laws.

### **Article 5- Limited License**

Member acknowledges and agrees that the Organization's name, services, and any logos, designs, text, graphics, software, content, files, materials, and any other intellectual property rights contained therein, including without limitation, any copyrights, patents, trademarks, proprietary or other rights arising thereof, are owned by the Organization or its affiliates, licensors, or suppliers.

The Member acknowledges and agrees that the source and object code of certain Membership Services and the format, directories, queries, algorithms, structure, and organization of the same are the information of Organization and its affiliates, licensors, and suppliers.

The Member expressly agrees not to do anything inconsistent with Organization's ownership of all of the intellectual property discussed herein. Member further agrees that there are no rights, title, or interest in or to any Membership Services, except as stated in this Agreement, Member is not conveyed any right or license by implication, estoppel, or otherwise in or under any patent, trademark, copyright, or other proprietary rights of Orange Dental Network or any third party.

### **Article 6- Restrictions**

You are prohibited from, and expressly agree that you will not:

(i) circumvent or disable any content protection system or digital rights management technology

used with any Membership Services;

(ii) decompile, reverse engineer, disassemble or otherwise reduce any Membership



Services to a human-readable form;

(iii) remove identification, copyright, or other proprietary notices in or on the Membership Services

(iv) access or use any Membership Services in an unlawful or unauthorized manner, or in a manner that suggests an association with our content, products, services or brands, unless you have an executed agreement with us that allows for such activity;

(v) use, alter, copy, modify, store, sell, reproduce, distribute, republish, download, publicly perform, display, post, transmit, create derivative works of, or exploit any Membership Services or any part thereof, except as expressly authorized in this Agreement or as part of the Membership Services provided to you;

(vi) introduce a virus or other harmful component, or otherwise tamper with, impair or damage any Membership Services or connected network, or interfere with any person or entity's use or enjoyment of any of the Membership Services;

(vii) access, monitor or copy any element of the Membership Services using a robot, spider, scraper or other automated means or manual process without our express written permission; or

(viii) sell, resell or make commercial use of the Membership Services, unless you have an executed agreement with us that expressly allows for such activity.

## **Article 7- Third-Party Services**

Certain Membership Services may integrate, be integrated into, or be provided in connection with third-party websites, services, content and/or materials ("Third-Party Services"). We do not control any Third-Party Services. We additionally make no claim or representation regarding the third-party services and accept no responsibility for the quality, content, nature, or reliability of Third-Party Services accessible from our websites, application, software or any other element of the Membership Services. There is no implied affiliation, endorsement, or adoption by the Organization of these Third-Party Services and we shall not be responsible for any content provided on or through these Third-Party Services. You should read the terms of use and legal agreements that apply to these Third-Party Services.

## **Article 8- Member Consents**

Member agrees to hold the Organization, its owners, affiliates, and representatives, harmless from any damage, whether tangible or intangible, that may happen to Member while participating in the Membership Services.

The Member agrees that the Organization offers its membership program with no guarantee of results of any kind. The Member agrees that any results that occur during their membership, whether positive or negative, are the effects of Member's own personal choices.

The Member agrees and verifies that all of the information they have given the Organization and its representatives is accurate, up to date, and without the omission of any requested information.

The Member agrees and verifies that even if they have omitted any necessary personal information, whether knowingly or unknowingly, they will hold the Organization harmless against all liability for any damages that may occur to Member or others because of the Member's actions or inactions.

The Member agrees to notify Orange Dental Network of any changes or upcoming changes concerning their personal information.

The Member agrees to review and abide by the Privacy Policy and Terms of Use posted on [orangedentalnetwork.com](http://orangedentalnetwork.com).

## **Article 9- Assumption of Risk**

The Member agrees and understands that their participation in the Membership Services may involve risks. These risks may lead to tangible or intangible harm, and the Member agrees that these risks may result not only from their own actions but also from the actions of others. With the knowledge and understanding of these risks, the Member chooses, of their own will and volition, to continue participating in the Membership Services.

## **Article 10- Representation**

The Member agrees that they are over 18 (eighteen) years of age and may legally consent to and enter into this Agreement.

## **Article 11- Entire Agreement**

This Agreement constitutes the entire understanding between the Member and the Organization with respect to any and all use of the activities and facilities. This Agreement supersedes and replaces all prior or contemporaneous agreements or understandings, written or oral, regarding the Parties' relationship.

## **Article 12- Counterparts**

This Agreement may be executed in counterparts, all of which shall constitute a single agreement. The Agreement shall be effective as of the date set forth above.

## **Article 13- Survival**

Any provision of this Agreement which by its terms imposes continuing obligations on either of the parties shall survive termination of this Agreement.

## **Article 14- Severability**

If any part or subpart of this Agreement is held invalid or unenforceable by a court of law or competent arbitrator, the remaining parts and subparts will be enforced to the maximum extent possible. In such conditions, the remainder of this Agreement shall continue in full force.

## **Article 15- Dispute Resolution**

In case of a dispute between the Parties relating to or arising out of this Agreement, the Parties shall first attempt to resolve the dispute personally and in good faith. If these personal resolution attempts fail, the Parties shall then submit the dispute to binding arbitration. The arbitration shall be conducted in the county and state notes in the GOVERNING LAW provision of this Agreement. The arbitration shall be conducted by a single arbitrator, and such arbitrator shall have no authority to add Parties, vary the provisions of this Agreement, award punitive damages, or certify a class. The arbitrator shall be bound by applicable and governing federal laws as well as the law of Florida. Each Party shall pay their own costs and fees. Claims necessitating arbitration under this section include, but are not limited to: contract claims, tort claims, claims based on federal and state law, and claims based on local laws, ordinances, statutes or

regulations. Intellectual property claims by the Organization will not be subject to arbitration and may, as an exception to this subpart, be litigated. The Parties, in agreement with this subpart of this Agreement waive any rights they may have to a jury trial in regard to arbitral claims.

#### **Article 16- Governing Law**

This Agreement shall be governed by and construed in accordance with the internal laws of Florida without giving effect to any choice or conflict of law provision or rule. Each Party irrevocably submits to the exclusive jurisdiction and venue of the federal and state courts located in the following county: Volusia.

#### **Article 17- Notices**

All notices, requests, consents, claims, demands, waivers and other communications hereunder (each, a "Notice") shall be in writing and addressed to Orange Dental Network at the address set forth on the first page of this Agreement. All notices shall be delivered at the address which the parties may designate to each other, personal delivery, nationally recognized overnight courier (with all fees prepaid), or certified or registered mail (in each case, return receipt requested, postage prepaid). Except as otherwise provided in this Agreement. A Notice is effective only if (a) the receiving Party has received the Notice and (b) the Party giving the Notice has complied with the requirements of this Section.

If a patient requests content by postal mail (including the membership agreement), an appropriate charge will be determined for the labor and the shipping of the requested items.

Information will be emailed to members and the members are responsible for reading their email. Members are responsible for viewing the website.

#### **Article 18-Waiver of Liability and Hold Harmless Agreement**

In consideration of receiving permission to utilize the dental savings program located within the Orange Dental Network located at:

**912 South Ridgewood Avenue**

**Suite A**

**Daytona Beach, FL 32114**

**(386) 317-0000**

**[www.orphedentalnetwork.com](http://www.orphedentalnetwork.com)**

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Orange Dental Network and its officers, servants, agents, or employees (hereinafter referred to as "RELEASES") from any and all liability, claim, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES, or otherwise, while participating in such membership.

I understand that Orange Dental Network does not have the ability to control the work practices and privacy policies of Mindbody. Orange Dental Network will not be held liable for any breaches of privacy, including personal health information and credit card information that is a result of information being made available on Mindbody.

I understand that Orange Dental Network does not have the ability to control the work practices and privacy policies of third party marketers as well as in-network and out of network dental offices. Orange Dental Network will not be held liable for any breaches of privacy, including personal health information and credit card information that is a result of information being made available to third parties.

## Questions and Complaints

Your comments are important to us. We are always working to improve the quality of the care and service you receive as a member of Orange Dental Network. If at any point you are not satisfied with responses from Orange Dental Network or if you want more information about our privacy practices or have questions or

concerns, please contact us. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the



contact information: Orange Dental Network 386-317-0000; 912 South Ridgewood Ave, Suite A Daytona Beach, FL 32114

## Frequently Asked Questions

### ***-Can I combine Orange with another dental plan?***

While you can purchase Orange and you can purchase another dental plan, they cannot be stacked or combined

### ***-How long does the plan last?***

The plan is active on the date on which it is purchased for one year. For example, if the plan is purchased in January 2024, it is active until January 2025. If the plan is purchased in April 2024, it is active until April 2025. It will auto renew annually, unless you cancel your membership.



### ***-Is Orange a dental insurance?***

Orange is not dental insurance.

### ***-Where can I find a list of in-network providers?***

A list of in-network providers can be found on the Orange Dental Network under the “Providers In-Network” tab.

## Disclosures

- 1- The plan is not insurance
- 2- The plan provides discounts at certain health care providers for medical services
- 3- The plan does not make payments directly to the providers of medical services
- 4- The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization

## Acknowledgment

This handbook is intended to provide guidelines and general descriptions only. Because the company's operations may change, the contents of this handbook may be changed at any time, with or without notice, in an individual case, or generally, at the sole discretion of management.

## Notice of Privacy Practices

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.

What is Protected Health Information (PHI)?

PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. PHI refers particularly to information acquired or maintained by us as a result of your having health coverage (including medical, dental, vision and long term care coverage).

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 that are described in this Notice while it is in effect. This Notice takes effect and 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, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at [orangedentalnetwork.com](http://orangedentalnetwork.com). 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.

How we may use and disclose health information about you. We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide

by these special protections as they pertain to applicable cases involving these types of records.

**Treatment.** We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

**Payment.** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

**Healthcare Operations.** We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities. **Appointment Reminders.** We may use and disclose your PHI to contact you and remind you of appointments.

**Health Related Benefits and Services.** We may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

**Disaster Relief.** We may use or disclose your health information to assist in disaster relief efforts.



Required by Law. We may use or disclose your health information when we are required to do so by law.

Public Health Activities. We may disclose your health information for public health activities, including disclosures to: prevent or control disease, injury or disability; report child abuse or neglect; report reactions to medications or problems with products or devices; notify a person of a recall, repair, or replacement of products or devices; notify a person who may have been exposed to a disease or condition; or notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

National Security. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

Secretary of HHS. We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Worker's Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement. We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors. We may release your PHI 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 disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Fundraising. We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

Other Uses and Disclosures of PHI Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

## Your Health Information Rights

Access. You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you

request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

**Disclosure Accounting.** With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

**Right to Request a Restriction.** You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations).

**Alternative Communication.** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

**Amendment.** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your

request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to Notification of a Breach. You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice. You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).

Questions and Complaints. If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S.

Department of Health and Human Services. Privacy Official Office and Contact Information: Orange Dental Network 386-317-0000; 912 South Ridgewood Ave, Suite A Daytona Beach, FL 32114