COMPLIANCE POLICY

The Smile Way Group

| РО | LICY/PROCEDURE TITLE | Administrative Off | ice V | Vorkplace Visitor Policy |
|----------------------------|---|---|-------------|--|
| POLICY/PROCEDURE NUMBER | | CC-117 | | |
| DEPARTMENT | | Corporate Compliance Department | | |
| Original Issue Date | | 7/19/2018 | | |
| Next Scheduled Review Date | | 10/26/2023 | | |
| Last Review Date | | 10/26/2022 | | |
| Revision Date History | | 10/2022 policy updated to include DPP and The Smile Way Group | | |
| AP | PLIES TO | | | • • |
| | SAP: ReachOut Healthcare America Ltd. d Smile America Partners | ba | | MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland |
| \boxtimes | AZ: Arizona Mobile Dental, PC dba Big Smiles | | | MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach |
| | CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles | | \boxtimes | MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles |
| \boxtimes | GA: Shurett Dental Group, P.C. dba Shurett Dental Group | | \boxtimes | NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina |
| \boxtimes | GA: Mark Shurett, DDS, PC dba Help A Child Smile | | \boxtimes | NY: Big Smiles Dental New York, PLLC |
| | IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois | | | OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach |
| \boxtimes | IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach | | | PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania |
| \boxtimes | KS: Nevin K. Waters D.D.S., PA dba Big Smiles | | \boxtimes | UT: Big Smiles Utah, P.C. dba Big Smiles |
| \boxtimes | KY: Big Smiles Kentucky PSC dba Big Smiles | | \boxtimes | VA: Big Smiles Virginia PC dba Smile Virginia |
| \boxtimes | MA: Elliot P. Schlang DDS Big Smiles Ma dba Smile Massachusetts | ssachusetts P.C. | \boxtimes | WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia |

I. PURPOSE:

To provide a safe working environment and ensure appropriate safety and security controls, and to limit access to company confidential and proprietary information, including PHI, PI, and client data.

II. SCOPE:

This policy applies to all employees, contractors, and visitors to any administrative office space of ReachOut Healthcare America, LTD d/b/a Smile America Partners ("SAP") and its affiliated Dental Professional Practices ("DPPs") (hereinafter collectively referred to as "The Smile Way Group."

III. OFFICE POLICY:

- Authorization No visitors are permitted in the Smile Way Organization workplace or on Smile Way Organization property unless authorized by a Department Head. All requests for permission for nonemployees to enter Smile Way Organization property must be made with the Department Head.
- Logging of Visitors All visitors to Smile Way Organization must enter through the reception area and sign the visitor logbook. The receptionist will call the Department Head to escort the visitor from the reception area.
- 3. **Identification of Visitors** All visitors must be issued a visitor's badge which shall be worn on the jacket, shirt pocket, or other visible area so as to identify that the individual is an authorized visitor. Visitors should return their ID to the front desk upon completion of their visit. Visitors should remain with an employee while on site and are limited to areas based upon the reason for being on site at Smile Way Organization unless an exception is made by the Department Head.

- 4. **Restrictions on Recording and Photography** Recording and/or photography is prohibited unless permission is given by the Department Head and as applicable, the individual to be photographed or recorded.
- 5. Discovery of Unauthorized Individuals Each employee is responsible for workplace safety and must report visitors without an ID badge to the nearest manager. Managers are responsible to address individuals in the workplace who do not display the visitor's pass to determine their authority for access to Smile Way Organization's facility. Unauthorized visitors should be escorted courteously but quickly from the workplace or to the front office.
- 6. **Disciplinary Action** Any employee who fails to comply with this policy is subject to disciplinary action, up to and including termination (see HR-101 Progressive Discipline Policy).

Approvals:

Docusigned by:

Stew Higgin botham 11/1/2022

Steve Higgin botham, CEO

Docusigned by:

(raig Thomas 11/1/2022

Craig Thomas, CCO

CC 117 Workplace Visitor Policy; page 221309236v.1

APPENDIX 1: SAMPLE VISITOR LOGBOOK

| Name (Print): | Date: |
|--|---|
| Reason for Visit: Y Observation Y Meeting Y Other:Representing Company: | |
| Signature: | |
| Name (Print): | |
| Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: | |
| Signature: | Phone: |
| Name (Print): | Date: |
| Reason for Visit: Y Observation Y Meeting Y Other:Representing Company: | |
| Signature: | Phone: |
| Name (Print): | Date: |
| Reason for Visit: Y Observation Y Meeting Y Other:Representing Company: | |
| Signature: | Phone: |
| | |
| | Date: |
| Name (Print): | |
| Reason for Visit: Y Observation Y Meeting Y Other:Representing Company: | |
| Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): | Phone: Date: |
| Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: | Phone: Date: |
| Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): Reason for Visit: Y Observation Y Meeting Y Other: | Phone: Date: |
| Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): | Phone: Date: Phone: Date: |
| Reason for Visit: Y Observation Y Meeting Y Other: | Phone:Phone:Phone: |
| Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: | Phone: Date: Date: Date: |
| Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): Representing Company: Signature: Name (Print): | Phone:Phone:Date:Phone:Date:Phone: |
| Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Name (Print): Reason for Visit: Y Observation Y Meeting Y Other: Representing Company: Signature: Signature: Signature: Signature: | Phone:Phone: Date: Phone: Phone: Phone: |