

NOTICE OF PRIVACY PRACTICES (HIPAA)

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.

Our Commitment to Your Privacy

Our dental practice is committed to protecting the privacy of your protected health information (PHI). We are required by law to maintain the privacy of your PHI, provide you with this Notice of our legal duties and privacy practices, and follow the terms of this Notice currently in effect.

How We May Use and Disclose Your Health Information

We may use and disclose your health information for the following purposes:

1. Treatment

We may use your health information to provide you with dental care and services. We may disclose your information to dentists, hygienists, specialists, laboratories, pharmacies, or other healthcare providers involved in your care.

2. Payment

We may use and disclose your health information to obtain payment for services provided, including billing your insurance company, verifying coverage, and collecting unpaid balances.

3. Healthcare Operations

We may use and disclose your information for practice operations such as quality assessment, training, licensing, audits, business planning, and administrative purposes.

4. Electronic Communication & Technology (Updated HIPAA Rules)

- We may communicate with you via phone, email, text message, patient portals, or other electronic means regarding appointments, treatment, billing, and practice updates.
- We may use your phone number, email, text message, patient portals, or other electronic means regarding office promotions or important office information.
- While we use safeguards, electronic communications may carry some risk. You may opt out of certain electronic communications at any time.
- Security of Records: Access to electronic patient records is restricted to authorized staff and protected by safeguards required under HIPAA and Texas law.

5. Appointment Reminders & Practice Communications

We may contact you to remind you of appointments, follow up on treatment, inform you of practice updates, or recommend treatment alternatives or health-related benefits.

6. Individuals Involved in Your Care

Unless you object, we may disclose relevant information to family members, friends, or caregivers involved in your care or payment for your care.

7. Required by Law

We may disclose your information when required by federal, state, or local law, including public health reporting, audits, investigations, and law enforcement purposes. We will also share suspected abuse, neglect or domestic violence as well as information to prevent or reduce a serious threat to anyone's health or safety.

8. Business Associates

We may share your information with trusted third parties (business associates) who perform services for our practice, such as billing services, IT providers, and shredding companies. These entities are required to protect your information.

9. Reproductive Health Care Privacy

Information related to reproductive health care is protected by additional federal privacy laws. We will not share this information for investigations, law enforcement actions, or legal proceedings related to reproductive health care unless required by law and proper legal documentation is provided.

10. Substance Use Disorder

Information related to substance use treatment is protected by federal law and has extra privacy protection. We cannot share this information without your written permission, except in limited situations allowed by law.

11. Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

12. Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Your Rights Under HIPAA

You have the right to:

- **Access:** Request to inspect or receive a copy of your health records.
- **Amendment:** Request corrections to your health information if you believe it is incorrect or incomplete.
- **Accounting of Disclosures:** Request a list of certain disclosures of your information.
- **Restrictions:** Request limits on how we use or disclose your information (we are not always required to agree).
- **Confidential Communications:** Request communication by alternative means or at alternative locations.
- **Electronic Copies:** Receive an electronic copy of your health records when maintained electronically.
- **Revoke Authorization:** Withdraw your authorization at any time (except where action has already been taken).

Our Responsibilities

In the event of a breach of unsecured protected health information, we will notify you as required by law.

We are required by law to maintain the privacy and security of your protected health information

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to This Notice

We reserve the right to change this Notice and make the new Notice effective for all health information we maintain. Updated Notices will be available in our office and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Privacy Officer Contact Information:

Name/Title: Pennie Moreland, DDS

Phone: (214) 383-4600

Email: info@southernstardental.com

Effective Date: 5/1/2016

PATIENT BILL OF RIGHTS

As a patient of our dental practice, you have the right to:

1. Be treated with dignity, respect, and consideration.
 2. Receive considerate, respectful, and non-discriminatory care.
 3. Receive information about your diagnosis, treatment options, and prognosis in understandable terms.
 4. Participate in decisions regarding your dental care.
 5. Give informed consent before treatment, except in emergencies.
 6. Refuse treatment, to the extent permitted by law, and be informed of the consequences.
 7. Expect reasonable continuity of care.
 8. Know the identity and professional status of individuals providing care.
 9. Receive information about fees, payment policies, and insurance processing.
 10. Review and obtain copies of your dental records, as permitted by law.
 11. Expect privacy and confidentiality of your health information.
 12. Voice complaints or concerns regarding care or services without fear of retaliation.
 13. Receive information about practice policies, patient responsibilities, and office procedures.
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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices and the Patient Bill of Rights. I understand that this practice may use and disclose my health information as described in this Notice.

Patient Name (Print): _____

Signature: _____ Date: _____

If signed by a personal representative, relationship to patient: _____

Office Use Only:

Attempted delivery date: _____

Reason unable to obtain acknowledgment: _____