

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Our Responsibilities

By law, Lake Family Dental must:

- Maintain the privacy of your protected health information (PHI).
- Provide you this Notice describing our legal duties and privacy practices.
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI.
- Follow the terms of this Notice currently in effect.

### How We May Use and Disclose Your Information

We may use or disclose your PHI for the following purposes without your written authorization:

• **Treatment:** To provide, coordinate, or manage your dental care. Example: sharing radiographs and information with a dental specialist about your treatment. •

• **Payment:** To obtain payment for services. Example: sending information to your dental insurance company.

• **Healthcare Operations:** For business activities that support our practice. Example: quality assessments, audits, staff training.

### Other Permitted Uses & Disclosures

We may also use or disclose PHI without your authorization in these situations:

- **Required by Law:** To comply with federal, state, or local laws.
- **Public Health:** For disease control, product recalls, adverse events.
- **Health Oversight:** To government health agencies for oversight activities.
- **Judicial & Administrative Proceedings:** In response to valid subpoenas or court orders.
- **Law Enforcement:** For reporting certain injuries, locating suspects, or complying with law.
- **Coroners, Medical Examiners, and Funeral Directors:** As needed for duties.
- **Organ and Tissue Donation:** If you are an organ donor.
- **Research:** When approved by an institutional review board or privacy board.
- **Serious Threats:** To prevent or lessen a serious threat to health or safety.
- **Specialized Government Functions:** For military, national security, or correctional purposes.
- **Workers' Compensation:** To comply with workers' compensation laws.
- **Fundraising Communications:** We do not currently use your information for fundraising purposes. If we ever do, you have the right to opt out of receiving such communications.
- **Business Associates:** We may disclose your information to business associates who perform services on our behalf (e.g., billing services, IT support). They are required to protect your information.
- **Legal and Regulatory Requirements:** We may disclose your information when required by law, including for public health activities, audits, investigations, or law enforcement purposes as permitted by HIPAA.

### Uses & Disclosures Requiring Your Authorization

We must obtain your written authorization before using or disclosing your PHI for:

- Marketing communications not permitted by law.
- Sale of your PHI.
- If you give authorization, you may revoke it at any time in writing.

- Substance Use Disorder (SUD) Information: If we maintain records related to substance use disorder treatment that are subject to 42 CFR Part 2, those records receive special federal protections. Such information will not be used or disclosed without your specific authorization, except as permitted or required by law.

### **Your Rights Regarding Your PHI**

You have the right to:

- Get a copy of your health records
- Request corrections to your health records
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of disclosures
- Get a copy of this Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

### **Your Choices**

For certain information, you can tell us your choices about what we share, including:

- Sharing information with family or friends involved in your care
- Leaving messages with appointment information

If you have a clear preference, we will follow your instructions unless required otherwise by law.

### **Breach Notification**

If a breach occurs that compromises the privacy or security of your PHI, Parkhaven Dental Care will notify you without unreasonable delay and no later than 60 days after discovery of the breach.

### **Contact Information**

If you have questions, requests, or complaints about this Notice or your privacy rights, contact: Lake Family Dental, HIPAA Privacy Officer: Cecile Nguyen, 4968 Overton Ridge Blvd, Fort Worth, Texas 76132, Phone: 817-263-0181

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, Voice Phone (toll-free): 1(800) 368-1019 | TDD (toll-free): 1(800) 537-7697 Email: OCRMail@hhs.gov. You will not be penalized in any way for filing a complaint.

### **Changes to This Notice**

We reserve the right to change our privacy practices and this Notice. Updates will apply to all PHI we maintain. Revised notices will be posted in our office and on our website, if applicable, and available upon request.

Effective Date: 01/19/2026

### **Aviso de Prácticas de Privacidad**

• Si mantenemos registros relacionados con tratamiento por trastornos por uso de sustancias que estén sujetos a 42 CFR Parte 2, dichos registros reciben protecciones federales especiales. Esta información no será utilizada ni divulgada sin su autorización específica, excepto cuando la ley lo permita o lo exija.

#### **Sus Derechos con Respecto a Su PHI**

Usted tiene derecho a:

- Obtener una copia de sus expedientes de salud
- Solicitar correcciones a sus expedientes de salud
- Solicitar comunicaciones confidenciales
- Pedir que limitemos lo que usamos o compartimos
- Obtener una lista de divulgaciones
- Obtener una copia de este Aviso
- Designar a una persona para que actúe en su nombre
- Presentar una queja si cree que sus derechos de privacidad han sido violados

No tomaremos represalias contra usted por presentar una queja.

#### **Sus Opciones**

Para cierta información, usted puede indicarnos sus preferencias sobre lo que compartimos, incluyendo: •  
Compartir información con familiares o amigos involucrados en su cuidado

- Dejar mensajes con información sobre citas

Si usted expresa claramente su preferencia, seguiremos sus instrucciones a menos que la ley nos exija lo contrario.

#### **Notificación de Violaciones**

Si ocurre una violación que comprometa la privacidad o seguridad de su PHI, Parkhaven Dental Care le notificará sin demora injustificada y no más tarde de 60 días después de haber descubierto la violación.

#### **Información de Contacto**

Si tiene preguntas, solicitudes o quejas sobre este Aviso o sus derechos de privacidad, comuníquese con:  
Lake Family Dental, Oficial de Privacidad HIPAA: Cecile, 4968 Overton Ridge Blvd, Fort Worth, Texas 76132,  
Teléfono: 817-263-0181

Si no está satisfecho con la manera en que esta oficina maneja una queja, puede presentar una queja formal ante:  
U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W.,  
Washington, D.C. 20201, Teléfono (gratuito): 1-(800)-368-1019, TDD (gratuito): 1-(800)-537-7697, Correo electrónico: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

No se le penalizará de ninguna manera por presentar una queja.

#### **Cambios a Este Aviso**

Nos reservamos el derecho de cambiar nuestras prácticas de privacidad y este Aviso. Los cambios se aplicarán a toda la PHI que mantengamos. Los avisos actualizados se publicarán en nuestra oficina y en nuestro sitio web, si corresponde, y estarán disponibles a solicitud.

Fecha de Vigencia: 1 de enero de 2026