

Notice of Privacy Practices

Mor Smiles 4 Kids
760 Fish Creek Thoroughfare Ste.2
Montgomery, TX 77316
(936) 276-6133

Privacy Officer: Jessica York
Effective Date: Jessica York

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical/ dental information. We make a record of the dental care we provide and may receive such records from others. We use these records to provide or enable other healthcare providers to provide quality dental care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this dental practice properly. 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. This notice describes how we may use and disclose your medical/ dental information. It also describes your rights and our legal obligations with respect to your medical/ dental information. If you have any questions about this Notice, please contact our Privacy Officer listed above,

A. How This Dental Practice May Use or Disclose Your Health Information

This dental practice collects health information about you and stores it in a chart and/or on a computer and in an electronic health record. This is your dental record. The dental record is the property of this dental practice, but the information in the dental record belongs to you. The law permits us to use or disclose your health information for the following purposes:

- 1) **Treatment.** We use medical/ dental information about you to provide your dental care. We disclose medical/ dental information to our employees and others who are involved in providing the care you need. For example, we may share your medical/ dental information with other dentists or other healthcare providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical/ dental information to members of your family or others who can help you when you are sick or injured, or after you die.
- 2) **Payment.** We use and disclose medical/ dental information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other healthcare providers to assist them in obtaining payment for services they have provided to you.
- 3) **Healthcare Operations.** We may use and disclose medical/ dental information about you to operate this dental practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your dental plan to authorize services or referrals. We may also use and disclose this information as necessary for dental reviews, legal services, and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical/ dental information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other healthcare providers, healthcare clearinghouses, or dental plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce healthcare costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of healthcare professionals, their training programs, their accreditation, certification, or licensing activities, or their healthcare fraud and abuse detection and compliance efforts.
- 4) **Appointment Reminders.** We may use and disclose medical/ dental information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

- 5) Sign-In Sheet. We may use and disclose medical/ dental information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
- 6) Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
- 7) Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government-sponsored health programs, or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation, which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical/ dental information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.
- 8) Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
- 9) Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
- 10) Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; reporting child, elder, or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless, in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
- 11) Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by law.
- 12) Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process, if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
- 13) Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
- 14) Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
- 15) Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- 16) Specialized Government Functions. We may disclose your health information for military or national security purposes, or to correctional institutions or law enforcement officers that have you in their lawful custody.
- 17) Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we may be

required make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

- 18) Change of Ownership. In the event that this dental practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another dentist or dental group.
- 19) Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances, our business associate may provide the notification. We may also provide notification by other methods, as appropriate. [Note: Only use email notification if you are certain it will not contain PHI and it will not disclose inappropriate information. For example if your email address is "digestivediseaseassociates.com," an email sent with this address could, if intercepted, identify the patient and their condition.]

B. When This Dental Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this dental practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this dental practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

- 1) Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning healthcare items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
- 2) Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- 3) Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical/ dental information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we cannot agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.
- 4) Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this dental practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
- 5) Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this dental practice, except that this dental practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (healthcare operations), 6 (notification and communication with family), and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement

official to the extent this dental practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

- 6) Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by email. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

E. Complaints

Complaints about this Notice of Privacy Practices or how this dental practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

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.

Aviso de Prácticas de Privacidad

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760 Fish Creek Thoroughfare Ste.2
Montgomery, TX 77316
(936) 276-6133

Jefe de Privacidad: Jessica York
Fecha Efectiva: Jessica York

ESTE AVISO DESCRIBE CÓMO SU INFORMACIÓN DENTAL PUEDE SER USADA Y DIVULGADA Y CÓMO PUEDE OBTENER ACCESO A ESTA INFORMACIÓN. POR FAVOR REVÍSELO CUIDADOSAMENTE.

Entendemos la importancia de la privacidad, y estamos comprometidos a mantener la confidencialidad de su información médica. Nosotros tomamos un registro del cuidado médico que proporcionamos y podemos también recibir este tipo de registros de otros. Usamos estos registros para proporcionar o permitir que otros proveedores de servicios de salud provean cuidado médico de calidad, para obtener pago por los servicios proporcionados a usted de acuerdo a lo permitido por su plan de salud, y para permitirnos cumplir con nuestras obligaciones médicas y legales para operar propiamente en esta clínica médica. La ley requiere que mantengamos la privacidad de la información protegida de salud, que proveamos a los individuos con avisos de nuestros deberes legales y prácticas de privacidad con respecto a la información protegida de salud, y que notifiquemos a los individuos afectados después de cualquier violación a información protegida de salud insegura. Este aviso describe cómo podemos usar y divulgar su información médica. También describe sus derechos y nuestras obligaciones legales con respecto a su información médica. Si tiene alguna pregunta sobre este aviso, por favor contacte a nuestro Jefe de Privacidad, cuyos datos se encuentran listados arriba

A. Cómo esta clínica dental puede usar o divulgar su información de salud

Esta clínica dental reúne su información de salud y la almacena en una tabla [y/o en una computadora] [y en un registro electrónico de salud/registro personal de salud]. Este es su registro dental. El registro dental es propiedad de esta clínica dental, pero la información en el registro médico le pertenece a usted. La ley nos permite usar o divulgar su información de salud con los siguientes propósitos:

- 1) **Tratamiento.** Usamos su información médica para proveer su cuidado médico. Discutimos información médica con nuestros empleados y con otros que estén involucrados en proveer el cuidado que usted necesite. Por ejemplo, podríamos compartir su información médica con otros médicos o con otros proveedores de cuidado de la salud, quienes proveen servicios que nosotros no proveemos. O podríamos compartir esta información con un farmacéuta, quien la necesita para dispensarle una prescripción, o a un laboratorio que realiza algún examen. También podríamos discutir información médica con miembros de su familia o con otros que puedan ayudarle cuando esté enfermo o lastimado, o después de que muera.
- 2) **Pago.** Usamos y divulgamos su información médica para obtener pagos por los servicios que proveemos. Por ejemplo, le damos a su plan de salud la información que necesita para poder pagarnos. Podemos discutir información con otros proveedores de cuidados de la salud para ayudarles a obtener pagos por servicios que le han proveído a usted.
- 3) **Operaciones del cuidado de la salud.** Podríamos usar o divulgar su información médica para operar esta clínica médica. Por ejemplo, podríamos usar y divulgar esta información para revisar y mejorar la calidad del cuidado que proveemos, o las competencias y calificaciones de nuestro personal profesional. O, podríamos usar y divulgar esta información para conseguir que su plan dental autorice servicios o referencias. También podríamos usar y divulgar esta información cuando sea necesario para reseñas médicas, servicios legales y auditorías, incluyendo fraude y detección de abuso y programas de cumplimiento y planificación y administración de negocios. También podríamos compartir su información médica con nuestros "socios de negocios", tales como nuestro servicio de facturación, el cual lleva a cabo servicios administrativos para nosotros. Tenemos un contrato por escrito con cada uno de estos socios de negocios, el cual contiene en sus términos el requerimiento de que ellos y sus subcontratistas protejan la confidencialidad y seguridad de su información protegida de salud. También podríamos compartir su información con otros proveedores de cuidado de salud, centros de información de cuidado de la salud, o planes dentales que tengan una relación con usted, cuando ellos soliciten esta información para ayudarles con su evaluación de calidad y actividades de mejora, sus actividades de seguridad de pacientes, sus esfuerzos basados en población para mejorar la salud o reducir los costos de atención médica, su desarrollo de protocolo, administración de casos o actividades de coordinación de cuidado, sus reseñas de competencia, calificaciones y desempeño de profesionales del cuidado de la salud, sus programas de entrenamiento, sus acreditaciones, actividades de

certificación o de licenciamiento, o fraude en atención médica y detección de abuso y esfuerzos de cumplimiento.

- 4) Recordatorios de citas. Podríamos usar y divulgar su información médica para contactarlo y recordarle sobre sus citas. Si usted no está en casa, podríamos dejar esta información en su máquina contestadora o en un mensaje con la persona que conteste el teléfono.
- 5) Hoja de ingreso. Podríamos usar y divulgar su información médica al hacer que firme cuando llegue a nuestras oficinas. Podríamos también llamar su nombre cuando estemos listos para atenderlo.
- 6) Notificaciones y comunicación con la familia. Podríamos divulgar su información médica para notificar o ayudarlo a notificar a un miembro de su familia, su representante personal o alguna otra persona responsable de su cuidado sobre su ubicación, su condición general o, a menos que nos haya indicado lo contrario, en el evento de su muerte. En caso de un desastre, podríamos divulgar información a una organización de socorro para que ellos puedan coordinar sus esfuerzos de notificación. Podríamos también divulgar información a alguien que esté involucrado en su cuidado o que ayude a pagar por su cuidado. Si usted es capaz y está disponible para aceptar u objetar a esto, le daremos la oportunidad de hacerlo antes de realizar estas divulgaciones, aunque podríamos divulgar esta información durante un desastre incluso bajo su objeción si nosotros creemos que es necesario para responder a las circunstancias de emergencia. Si usted no es capaz o no está disponible para aceptar u objetar, nuestros profesionales de la salud usarán su mejor juicio al comunicarse con su familia y con otros.
- 7) Marketing. Siempre que no recibamos ningún pago por estas comunicaciones, podríamos contactarlo para darle información sobre nuestros productos o servicios relacionados con su tratamiento, administración de su caso o coordinación de cuidado, o para dirigirlo o recomendarle otros tratamientos, terapias, proveedores de atención médica o ajustes de cuidado que puedan interesarle. De manera similar, podríamos describir productos o servicios proveídos por esta clínica y decirle en cuáles planes de salud participa esta clínica. Podríamos también animarlo a mantener un estilo de vida saludable y a obtener los exámenes recomendados, a participar en programas de manejo de enfermedades, proporcionarle pequeños regalos, decirle sobre programas de salud auspiciados por el gobierno o, cuando lo veamos, alentarlo a adquirir un producto o servicio por el cual podríamos recibir algún pago. Finalmente, podríamos recibir compensación, la cual cubre el costo que nos toma recordarle tomar y recargar sus medicamentos, o comunicarle sobre alguna droga o compuesto biológico que usted tenga actualmente prescrita. No usaremos o divulgaremos su información médica para ningún otro propósito de marketing y no aceptaremos ningún pago por ninguna otra comunicación de marketing sin su previa autorización por escrito. La autorización revelará si recibiremos alguna compensación por cualquier actividad de marketing que usted autorice, y pararemos cualquier futura actividad de marketing en la medida en que usted revoque dicha autorización.
- 8) Venta de información de salud. Nosotros no venderemos su información de salud sin su previa autorización por escrito. La autorización revelará que recibiremos una compensación por la información de su salud si usted nos autoriza a venderla, y detendremos cualquier futura venta de su información en la medida en que usted revoque esa autorización.
- 9) Requerimientos por ley. Como es requerido por la ley, usaremos y divulgaremos su información de salud, pero limitaremos nuestro uso o divulgación a los requerimientos de ley relevantes. Cuando la ley requiera que reportemos abuso, negligencia o violencia doméstica, o que respondamos a procedimientos judiciales o administrativos, o a oficiales encargados de hacer cumplir la ley, cumpliremos con los requisitos establecidos más adelante en relación a dichas actividades.
- 10) Salud pública. Podríamos, y algunas veces es requerido por la ley, divulgar su información de salud a autoridades de salud pública por los siguientes propósitos: prevención o control de enfermedades, lesiones o incapacidades; reportar abuso o negligencia infantil, al adulto mayor o adultos dependientes; reportar violencia doméstica; reportar a la Administración de Alimentos y Medicamentos (FDA) sobre problemas con productos y reacciones a medicamentos; y reportar sobre enfermedades o exposición a infecciones. Cuando reportemos sobre la sospecha de abuso a adultos mayores o dependientes, o violencia doméstica, le informaremos a usted o a su representante personal inmediatamente, a menos que, de acuerdo a nuestro juicio profesional, creamos que la notificación lo pondría a usted en riesgo de daños serios o que requeriría informar a un representante personal que se crea es responsable por el abuso o daño.
- 11) Actividades de supervisión de salud. Podríamos, y algunas veces es requerido por la ley, divulgar su información de salud a agencias de supervisión de salud durante el transcurso de auditorías, investigaciones, inspecciones, otorgamiento de licencias y otros procedimientos, sujeto a las limitaciones impuestas por la ley.
- 12) Procedimientos administrativos y judiciales. Podríamos, y algunas veces es requerido por la ley, divulgar su información de salud en el marco de cualquier procedimiento administrativo o judicial en la medida en que sea expresamente autorizado por una corte u orden administrativa. Podríamos también divulgar su información en respuesta a una citación judicial, petición de exhibición de pruebas u otros procesos legales si se han hecho

esfuerzos razonables para notificarlo de la solicitud y usted no ha presentado objeción, o si sus objeciones han sido resueltas por orden administrativa o de la corte.

- 13) Cuerpo policial. Podríamos, y algunas veces es requerido por la ley, divulgar su información de salud a un oficial de la policía con propósitos como identificar o localizar a un sospechoso, fugitivo, testigo material o persona desaparecida, cumplir con una orden o mandamiento judicial, citación del gran jurado u otros propósitos policiales.
- 14) Forenses. Podríamos, y frecuentemente es requerido por la ley, divulgar su información de salud a forenses en conexión con sus investigaciones sobre muertes.
- 15) Seguridad pública. Podríamos, y algunas veces es requerido por la ley, divulgar su información de salud a las personas apropiadas para prevenir o disminuir una amenaza seria o inminente a la salud o seguridad pública de una persona particular o del público en general.
- 16) Funciones especializadas del gobierno. Podemos divulgar su información de salud por propósitos militares o de seguridad nacional, o a instituciones correccionales u oficiales de policía que lo tengan bajo su custodia legal.
- 17) Compensación a los trabajadores. Podemos divulgar su información de salud según sea necesario para cumplir con las leyes de compensación a los trabajadores. Por ejemplo, en la medida en que su cuidado sea cubierto por la compensación a los trabajadores, haremos reportes periódicos a su empleador sobre su condición. También la ley requiere que reportemos al empleador o al asegurador de compensación a los trabajadores sobre casos de accidentes en el trabajo o de enfermedades profesionales.
- 18) Cambio de dueño. En el evento en que esta clínica médica sea vendida o se una con otra organización, su registro/información de salud se volverá propiedad del nuevo dueño, aunque usted mantendrá el derecho a solicitar que copias de su información de salud sean transferidas a otro médico o grupo médico.
- 19) Notificación de infracción. En el caso en que haya una infracción o violación a información protegida de salud insegura, le notificaremos, como es requerido por la ley. Si usted nos ha proporcionado una dirección actual de correo electrónico, podemos usarla para comunicarle información relacionada con la infracción. En algunas circunstancias, nuestros socios de negocios pueden proporcionar la notificación. También podemos proporcionar notificaciones por otros medios según sea apropiado. [Nota: Sólo use notificaciones por correo electrónico si está seguro de que no contendrá información protegida de salud y que no discutirá información inapropiada. Por ejemplo, si su dirección de correo electrónico incluye "enfermedadigestiva.com", un correo electrónico enviado con esta dirección podría, de ser interceptado, identificar al paciente y su condición.]

B. Cuándo esta clínica médica no puede usar o divulgar su información de salud

Excepto a como es descrito en este Aviso de Prácticas de Privacidad, esta clínica médica, de acuerdo a sus obligaciones legales, no usará o divulgará información de salud que lo identifique sin su autorización escrita. Si usted autoriza a esta clínica médica para usar o divulgar su información de salud para algún otro propósito, puede revocar su autorización por escrito en cualquier momento.

C. Sus derechos en información de salud

- 1) Derecho a solicitar protecciones especiales de privacidad. Usted tiene el derecho de solicitar restricciones en ciertos usos y divulgaciones de su información de salud, por medio de una solicitud por escrito especificando qué información quiere limitar y cuáles son las limitaciones que desea imponer a nuestro uso o divulgación de dicha información. Si usted nos pide no divulgar información a su plan comercial de salud sobre artículos o servicios por los cuales usted pagó la totalidad del costo, nosotros cumpliremos su solicitud, a menos que debamos divulgar la información por razones de tratamiento o razones legales. Nos reservamos el derecho de aceptar o rechazar cualquier otra solicitud, y le notificaremos sobre nuestra decisión.
- 2) Derecho a solicitar comunicaciones confidenciales. Usted tiene el derecho a solicitar recibir su información de salud de una forma específica o en una ubicación específica. Por ejemplo, usted podría pedir que le enviemos información a una cuenta de correo electrónico particular o a su dirección de trabajo. Nosotros cumpliremos con todas las solicitudes enviadas por escrito que sean razonables y que especifiquen cómo y dónde desean recibir estas comunicaciones.
- 3) Derecho a inspeccionar y a copiar. Usted tiene el derecho a inspeccionar y a copiar su información de salud, con excepciones limitadas. Para acceder a su información médica, debe enviar una solicitud por escrito indicando a qué información quiere acceder, si quiere inspeccionarla o copiarla, y si quiere una copia, su forma y formato preferido. Nosotros proporcionaremos copias en la forma y formato que usted haya solicitado si son fácilmente producibles, o le proporcionaremos un formato alternativo que usted encuentre aceptable, o si no podemos llegar a un acuerdo y mantenemos el registro en un formato electrónico, podrá elegir entre un formato físico o electrónico. También enviaremos una copia a cualquier otra persona que usted designe por escrito. Cobraremos una cuota razonable, la cual cubrirá nuestros costos de labor, suministros, envío, y si lo solicitó y se acordó previamente, el costo de preparar una explicación o resumen. Podemos negar su solicitud

bajo circunstancias limitadas. Si negamos su solicitud de acceder a los registros de su hijo o los registros de un adulto incapacitado al que usted está representando ya que creemos que permitir el acceso puede causar un daño substancial al paciente, usted tendrá derecho a apelar nuestra decisión. Si negamos su solicitud de acceder a sus notas de psicoterapia, usted tendrá el derecho de transferirlas a otro profesional de salud mental.

- 4) Derecho a enmendar o suplir. Usted tiene derecho a solicitar que enmendemos la información de salud que usted crea que está incorrecta o incompleta. Debe realizar una solicitud de enmendación por escrito, e incluir las razones por las cuales cree que la información es inexacta o incompleta. Nosotros no estamos obligados a cambiar su información de salud, y le proporcionaremos información sobre la negativa de esta clínica médica y cómo usted puede estar en desacuerdo con dicha negativa. Podemos denegar su solicitud si no tenemos la información, si no creamos la información (a menos que la persona o entidad que creó la información ya no está disponible para enmendarla), si usted no tendría permitido inspeccionar o copiar la información, o si la información ya es exacta y completa. Si negamos su solicitud, puede presentar una declaración por escrito sobre su desacuerdo con esa decisión, y nosotros podríamos también preparar una refutación por escrito. Toda la información relacionada con cualquier solicitud de enmendación será mantenida y divulgada en conjunto con cualquier subsecuente divulgación de la información disputada.
- 5) Derecho a un informe de divulgaciones. Usted tiene el derecho a recibir una informe sobre las divulgaciones de su información de salud hechas por esta clínica médica, con excepción que esta clínica médica no tiene por obligación reportar las divulgaciones hechas a su persona o con virtud a su autorización por escrito, o como está descrito en los párrafos 1 (tratamiento), 2 (pago), 3 (operaciones de cuidado de la salud), 6 (notificación y comunicación con la familia), y 18 (funciones especializadas de gobierno) de la sección A de este Aviso de Prácticas de Privacidad o divulgaciones con propósitos de investigación o de salud pública, los cuáles excluyen identificadores directos al paciente, o los cuáles son incidentales a el uso o divulgación permitido o autorizado por la ley, o a divulgaciones a una agencia de supervisión de salud u oficial de la policía, en la medida en que esta clínica médica haya recibido notificación de parte de dicha agencia u oficial indicando que sería razonable que dicho informe pueda impedir sus actividades.
- 6) Derecho a una copia en papel o electrónica de este aviso. Usted tiene el derecho a recibir un aviso de nuestros deberes legales y prácticas de privacidad con respecto a su información de salud, incluyendo el derecho a una copia por escrito de este Aviso de Prácticas de Privacidad, incluso si previamente ha solicitado recibirlo por correo electrónico. Si usted quisiera tener una explicación más detallada de estos derechos o si quisiera ejercitar uno o más de estos derechos, contacte a nuestro Jefe de Privacidad, listado al inicio de este Aviso de Prácticas de Privacidad.

D. Cambios a este Aviso de Prácticas de Privacidad

Nos reservamos el derecho de enmendar este Aviso de Prácticas de Privacidad en cualquier momento en el futuro. Hasta que dicha enmienda sea realizada, la ley requiere que cumplamos con los términos de este aviso que está actualmente en efecto. Después de que una enmienda sea realizada, la revisión del Aviso de Protecciones de Privacidad aplicará a toda la información protegida de salud que mantengamos, sin importar cuándo haya sido creada o recibida. Nosotros mantendremos una copia del actual aviso en nuestra área de recepción, y una copia estará disponible en cada cita. También publicaremos el actual aviso en nuestro sitio web.

E. Quejas

Quejas sobre este Aviso de Prácticas de Privacidad o cómo esta clínica médica maneja su información de salud deben ser dirigidas a nuestro Jefe de Privacidad, listado al inicio de este Aviso de Prácticas de Privacidad.

Si no está satisfecho con la forma en que esta oficina maneja una queja, puede presentar una queja formal a: Departamento de Salud y Servicios Humanos de los Estados Unidos, Oficina de Derechos Civiles, 200 Independence Avenue, S.W., Washington, D.C. 20201 | Teléfono de voz: (800) 368-1019 | TDD: (800) 537-7697 | OCRMail@hhs.gov Usted no será penalizado en ninguna forma al presentar una queja.

Notice of Electronic Disclosure of Protected Health Information

If Mor Smiles 4 Kids obtains or creates information about your health, it is required by law to protect the privacy of your information. Protected health information (PHI) includes any information that relates to:

- Your past, present, or future physical or mental health or condition
- Healthcare provided to you
- Past, present, or future payment for your healthcare

Mor Smiles 4 Kids may not disclose your PHI electronically without your authorization unless allowed by law. For example, Mor Smiles 4 Kids may share your PHI through approved, secure electronic methods for the purpose of treatment, payment for healthcare services, or healthcare operations such as case management or care coordination. Mor Smiles 4 Kids may also need to share your PHI electronically for public health purposes, such as preventing and controlling the spread of infectious diseases or for certain disaster relief efforts. For a complete list of reasons that Mor Smiles 4 Kids is allowed by law to share your PHI, please refer to Mor Smiles 4 Kids's Privacy Notice.

If you believe that Mor Smiles 4 Kids has violated the obligations described in this notice, you have the right to file a complaint with the Privacy Officer by mail or by phone at:

760 Fish Creek Thoroughfare Ste.2
Montgomery, TX 77316
(936) 276-6133

Aviso de Divulgación Electrónica de Información Médica Protegida

Si Mor Smiles 4 Kids obtiene o crea información sobre su salud, la ley obliga a Mor Smiles 4 Kids a que proteja la privacidad de su información. La información médica protegida (PHI, por sus siglas en inglés) incluye toda la información relacionada con:

- Su condición o salud física o mental pasada, presente o futura;
- Atención médica que ha recibido; y,
- Pago pasado, presente o futuro de su atención médica

Mor Smiles 4 Kids no puede divulgar su PHI de forma electrónica sin su autorización, a menos que la ley se lo permita. Por ejemplo, Mor Smiles 4 Kids puede compartir su PHI por medio de métodos electrónicos seguros y aprobados para fines de tratamiento, pago de servicios de atención médica u operaciones de atención médica, como la administración de casos o la coordinación de la atención. Mor Smiles 4 Kids también podría necesitar compartir su PHI de forma electrónica para fines de salud pública, como para prevenir y controlar la propagación de enfermedades infecciosas o por ciertos otros esfuerzos para aliviar desastres. Para obtener una lista completa de las razones por las cuales la ley permite que Mor Smiles 4 Kids comparta su PHI, por favor consulte el Aviso de Privacidad de Mor Smiles 4 Kids.

Si usted cree que Mor Smiles 4 Kids violó las obligaciones descritas en este aviso, tiene derecho a presentarle una queja al Oficial de Privacidad de Mor Smiles 4 Kids por correo o por teléfono al:

760 Fish Creek Thoroughfare Ste.2
Montgomery, TX 77316
(936) 276-6133

NOTICE OF PRIVACY PRACTICES

Mor Smiles 4 Kids
760 Fish Creek Thoroughfare
Suite 2
Montgomery, TX 77316
936-276-6133
info@morsmiles4kids.com

Privacy Officer: Dr. Morales

Effective Date: 06/20/2022

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical/ dental information. We make a record of the dental care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality dental care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this dental practice properly. 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. This notice describes how we may use and disclose your medical/ dental information. It also describes your rights and our legal obligations with respect to your medical/ dental information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

A. How This Dental Practice May Use or Disclose Your Health Information

This dental practice collects health information about you and stores it in a chart [and/or on a computer][and in an electronic health record/personal health record]. This is your dental record. The dental record is the property of this dental practice, but the information in the dental record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We use medical/ dental information about you to provide your dental care. We disclose medical/ dental information to our employees and others who are involved in providing the care you need. For example, we may share your medical/ dental information with other dentists or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical/ dental information to members of your family or others who can help you when you are sick or injured, or after you die.

2. **Payment.** We use and disclose medical/ dental information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. **Health Care Operations.** We may use and disclose medical/ dental information about you to operate this dental practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your dental plan to authorize services or referrals. We may also use and disclose this information as necessary for dental reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical/ dental information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security

of your protected health information. We may also share your information with other health care providers, health care clearinghouses or dental plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

4. **Appointment Reminders.** We may use and disclose medical/ dental information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

5. **Sign In Sheet.** We may use and disclose medical/ dental information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

6. **Notification and Communication With Family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. **Marketing.** Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice

and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation, which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical/ dental information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

8. **Sale of Health Information.** We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

9. **Required by Law.** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

10. **Public Health.** We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

11. **Health Oversight Activities.** We may, and are sometimes required by law, to disclose your health

information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

15. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

16. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

17. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we may be required make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

18. Change of Ownership. In the event that this dental practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another dentist or dental group.

19. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate. [Note: Only use e-mail notification if you are certain it will not contain PHI and it will not disclose inappropriate information. For example if your e-mail address is "digestivediseaseassociates.com" an e-mail sent with this address could, if intercepted, identify the patient and their condition.]

20. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

B. When This Dental Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this dental practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this dental practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in

writing which specify how or where you wish to receive these communications.

3. **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your medical/ dental information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

4. **Right to Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this dental practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by this dental practice, except that this dental practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1

(treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this dental practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. **Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

E. Complaints

Complaints about this Notice of Privacy Practices or how this dental practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Region VI - Dallas (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)

Jorge Lozano, Regional Manager
Office for Civil Rights

U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202

Voice Phone (800) 368-1019
FAX (214) 767-0432
TDD (800) 537-7697
OCRMail@hhs.gov

The complaint form may be found at
www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf

You will not be penalized in any way for filing a complaint.