

Notice of Privacy Practices

Lakehills Dental Center | Lakehills, Texas

Effective Date: October 16, 2026

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.

I. Who This Notice Covers

This Notice describes the privacy practices of Lakehills Dental Center, including our dentists, employees, and other personnel who handle protected health information on behalf of our practice.

“We,” “us,” and “our” refer to Lakehills Dental Center. “You” and “your” refer to our patients.

Protected health information includes information that identifies you and relates to your health, dental care, or payment for health care. This may include your medical and dental history, treatment records, radiographs, clinical photographs, insurance information, and billing records.

II. Contact Our Privacy Official

Privacy Official | Lakehills Dental Center

Email: admin@lakehillsdental.com

For questions about this Notice, requests concerning your health information, or privacy complaints, contact our Privacy Official using the information above.

Please avoid including sensitive medical or dental details in ordinary email. Contact our office if you need assistance submitting information securely.

III. Our Responsibilities

We are required by law to:

- Protect the privacy of your protected health information.
- Provide this Notice explaining our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you when a breach of your unsecured protected health information requires notification under applicable law.

When Texas law or another applicable law provides greater privacy protection than HIPAA, we will follow the more protective requirements.

IV. How We May Use and Disclose Your Health Information

The examples below illustrate permitted uses and disclosures. They do not describe every possible situation. Each use or disclosure remains subject to applicable legal requirements and limitations.

Treatment

We may use and share your health information to provide, coordinate, or manage your dental care. For example, we may share relevant records, radiographs, or medical history with a dental specialist, physician, dental laboratory, pharmacy, or another provider involved in your treatment.

Payment

We may use and disclose your information to bill for services, obtain insurance benefits, request prior authorization, process claims, or collect payment. For example, we may send your insurer treatment records or radiographs supporting a claim.

Health Care Operations

We may use and disclose information to operate our practice, evaluate and improve care, train personnel, conduct audits, manage billing, obtain professional advice, and perform other permitted administrative activities.

Appointment Reminders and Care Communications

We may contact you about appointments, treatment, follow-up care, or payment by telephone, voicemail, mail, text message, email, or other available communication methods, consistent with applicable law and reasonable confidential communication requests.

Treatment Alternatives and Related Services

We may tell you about treatment alternatives or health-related services that may benefit you. Communications that require authorization under applicable marketing laws will be made only after obtaining that authorization.

Family, Friends, and Others Involved in Your Care

We may share information directly relevant to a family member's, friend's, or another person's involvement in your care or payment when you agree, have an opportunity to object and do not object, or the law otherwise permits.

If you cannot express your preference, we may use professional judgment to share relevant information when doing so is in your best interest. We may also share limited information for disaster relief purposes as permitted by law.

Business Associates

We may share information with service providers who perform functions for our practice, such as billing, technology support, record storage, or professional services. When required, these providers must enter into agreements requiring them to safeguard your information and limit its use and disclosure.

Electronic Disclosures

We may disclose protected health information electronically for treatment, payment, health care operations, and other purposes permitted or required by law. When Texas law requires a separate authorization for an electronic disclosure, we will obtain that authorization unless a legal exception applies.

V. Other Uses and Disclosures Permitted or Required by Law

Subject to applicable safeguards and legal requirements, we may use or disclose your health information for:

- Legal compliance: When required by federal, Texas, or other applicable law, including disclosures to the U.S. Department of Health and Human Services for compliance reviews or investigations.
- Public health: Activities such as preventing or controlling disease, reporting adverse reactions, and assisting with product recalls.
- Abuse, neglect, or domestic violence: Reporting to appropriate authorities when required or permitted by law.

- Health oversight: Authorized audits, investigations, inspections, licensing activities, or other oversight functions.
- Judicial and administrative proceedings: Responding to a valid court or administrative order, or a subpoena or other lawful process when applicable legal conditions are met.
- Law enforcement: Certain law enforcement purposes, but only when the disclosure is authorized or required by law.
- Serious threats: Helping prevent or lessen a serious and imminent threat to a person's or the public's health or safety, consistent with applicable law and professional standards.
- Coroners, medical examiners, and funeral directors: Allowing them to perform legally authorized duties.
- Organ and tissue donation: Assisting authorized donation and transplantation activities.
- Research: Research conducted with your authorization or under another legally permitted process, such as an approved waiver.
- Special government functions: Certain military, national security, protective services, and correctional institution purposes authorized by law.
- Workers' compensation: Complying with workers' compensation laws or similar programs.

Additional restrictions may apply to specially protected records, including those described below.

VI. Information Requiring Additional Protection

Substance Use Disorder Records

Certain substance use disorder records created by or received from federally assisted substance use disorder programs are protected by 42 CFR Part 2. These protections do not automatically apply to every reference to substance use in a dental record.

If we receive or maintain records protected by Part 2, we will use and disclose them only as permitted by that law. A valid consent may authorize treatment, payment, and health care operations disclosures. Certain recipients may then redisclose the information as HIPAA permits, subject to Part 2 restrictions.

We will not use or disclose Part 2 records, or testimony describing their contents, in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a qualifying court order accompanied by a subpoena or other legally required process.

Other Sensitive Information

Texas and federal laws may provide additional protections for information such as HIV-related information, mental health records, and genetic information. We will obtain additional consent or authorization when required and comply with applicable restrictions.

VII. Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization for uses and disclosures that require it, including:

- Most uses and disclosures of psychotherapy notes, if we maintain any.
- Marketing communications requiring authorization.
- The sale of protected health information requiring authorization.
- Other uses or disclosures not described in this Notice, unless otherwise permitted or required by law.

We will obtain appropriate written authorization before using identifiable patient photographs, videos, testimonials, or treatment information for public advertising, website promotion, or social media.

You may revoke an authorization by submitting a written request to our Privacy Official. Revocation will not affect actions already taken in reliance on your authorization.

Fundraising: If we contact you for fundraising, you may opt out of future fundraising communications. If such communications would use Part 2 records, we will first provide a clear opportunity to choose whether to receive them, as required by law.

VIII. Your Rights

Contact our Privacy Official for help exercising the following rights. We may require written requests where permitted by law and may verify your identity before releasing information.

A. Access Your Records

You may request to inspect or receive a paper or electronic copy of records used to make decisions about your care, including dental and billing records.

We will provide information in your requested format when readily producible, or agree with you on another available format. We will respond within the time required by applicable law, including any shorter Texas deadline that applies.

We may charge only fees permitted by law. If we deny access, we will explain the reason in writing and describe any available review rights.

B. Request a Correction

You may request an amendment if you believe information in your records is incorrect or incomplete. Please explain the requested correction and why it is needed.

We may deny a request under circumstances allowed by law. If we do, we will provide a written explanation and explain how you may submit a statement of disagreement.

C. Request Restrictions

You may ask us to limit how we use or disclose information for treatment, payment, or health care operations, or how we share information with people involved in your care.

We generally are not required to agree. However, if you pay for an item or service out of pocket in full and ask us not to disclose the related information to your health plan for payment or health care operations, we must honor that request unless disclosure is required by law.

Tell us about this request before we submit a claim.

D. Request Confidential Communications

You may ask us to contact you in a particular way or at a different location, such as using a specific telephone number or mailing address.

We will accommodate reasonable requests. You do not have to explain why you are making the request. We may ask how payment will be handled and how we can reach you.

E. Receive an Accounting of Disclosures

You may request an accounting of certain disclosures made during the six years before your request.

The accounting excludes certain disclosures, including most disclosures for treatment, payment, or health care operations and other disclosures excluded by law.

The first accounting in a 12-month period is free. For additional requests during that period, we may charge a reasonable fee after notifying you and giving you an opportunity to change or withdraw the request.

F. Obtain a Paper Copy

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

G. Act Through a Personal Representative

A person legally authorized to act for you may exercise applicable rights on your behalf. We will verify the person's identity and authority and follow applicable legal exceptions.

H. Receive Breach Notification

You have the right to receive notification when a breach of your unsecured protected health information requires notice.

We will notify you without unreasonable delay and no later than 60 calendar days after discovery, unless a legally authorized delay applies. We will also comply with any applicable shorter deadline.

The notice will describe what happened, the information involved, steps you can take, what we are doing in response, and how to contact us.

IX. Changes to This Notice

We may change our privacy practices and this Notice as permitted by law. Revised terms may apply to information we already maintain and information we receive in the future.

The current Notice will be available in our office, on our website, and upon request. Each revised Notice will identify its effective date.

X. Questions and Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Official:

Lakehills Dental Center - Attn: Privacy Official

Email: admin@lakehillsdental.com

You may also file a complaint with:

U.S. Department of Health and Human Services | Office for Civil Rights

200 Independence Avenue, S.W. | Washington, D.C. 20201

For instructions or to submit a complaint online, visit:

<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We will not retaliate against you for filing a complaint or exercising your privacy rights.