

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please contact Texas TMJ Sleep & Facial Pain, its affiliated providers and affiliated practices Privacy Officer at info@dallastmjdr.com.

Our Commitment to Your Privacy

At Texas TMJ Sleep & Facial Pain, its affiliated providers and affiliated practices, we are committed to protecting your personal health information. This Notice explains how we may use and disclose your Protected Health Information (PHI) and your rights under the Health Insurance Portability and Accountability Act (HIPAA) and applicable Texas state laws, such as the Texas Medical Records Privacy Act.

How We May Use and Disclose Your Information

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

1. Treatment

We may use your PHI to provide, coordinate, or manage your healthcare and related services. This includes sharing information with other providers or specialists involved in your care, such as sleep physicians or physical therapists.

2. Payment

We may use and disclose your PHI to bill and collect payment for the services we provide. You may request restrictions on disclosures to your health plan if you have paid out-of-pocket in full for services.

3. Healthcare Operations

We may use your PHI for operations such as quality improvement, staff training, licensing, and business management. For example, we may use your information to evaluate our services or conduct performance reviews.

Other Uses and Disclosures Without Your Authorization

We may use or disclose your PHI as required or permitted by law, including:

- Public health and communicable disease reporting
- Abuse or neglect reporting
- Health oversight activities

- Legal proceedings or law enforcement
- Coroner, funeral director, or organ donation purposes
- Research (under specific conditions)
- Workers' compensation
- Military or national security requirements

Texas law requires patient authorization for most disclosures of sensitive PHI (such as mental health or genetic testing information).

Uses and Disclosures Requiring Your Written Authorization

We will obtain your written permission before using or disclosing your PHI for:

- Marketing communications
- Sale of your PHI
- Psychotherapy notes (if applicable)

You may revoke any authorization in writing at any time, except to the extent action has already been taken.

Your Rights Regarding Your Health Information

1. Right to Inspect and Copy

You may request to inspect or receive a copy of your PHI, including medical and billing records. Requests must be in writing. Reasonable fees may apply.

2. Right to Amend

If you believe your records are incorrect or incomplete, you may request an amendment in writing with supporting reasons. We may deny the request under certain circumstances.

3. Right to an Accounting of Disclosures

You may request a list of certain disclosures made of your PHI (excluding treatment, payment, and operations). Requests must be in writing and can cover up to six years.

4. Right to Request Restrictions

You may request restrictions on the use or disclosure of your PHI. While we are not required to agree to all requests, we will comply with any restriction you request regarding disclosures to health plans for services paid in full out-of-pocket.

5. Right to Request Confidential Communications

You may request that we communicate with you in a specific way or at a specific location (e.g., only at work or by mail). We will accommodate reasonable requests.

6. Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you agreed to receive it electronically.

7. Right to Notification of a Breach

You have the right to be notified following a breach of your unsecured PHI.

8. Right to Opt Out of Fundraising Communications

If applicable, you may opt out of receiving any fundraising communications.

Changes to This Notice

We reserve the right to update this Notice at any time. Revised notices will apply to all PHI we maintain and will be made available in our office and on our website.

Questions or Complaints

If you believe your privacy rights have been violated, you may file a complaint:

With Our Office:

Texas TMJ Sleep & Facial Pain
1160 N Kimball Ave, Suite 110, Southlake, TX 76092

Email: info@dallastmjdr.com

With the U.S. Department of Health & Human Services:

www.hhs.gov/ocr/privacy/hipaa/complaints

You will not be penalized for filing a complaint.