

HIPAA

NOTICE OF PRIVACY PRACTICES

Effective Date: 01/22/2026

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.

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI);
- Provide you with this Notice of our legal duties and privacy practices; and
- Follow the terms of this Notice currently in effect.

We may change the terms of this Notice, and the changes will apply to all information we have about you. The updated Notice will be available upon request and on our website, if applicable.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for the following purposes without your written authorization, except where restricted by law:

For Treatment

We may use and share your health information to provide, coordinate, or manage your health care and related services.

For Payment

We may use and disclose your health information to bill and collect payment from health plans or other entities.

For Health Care Operations

We may use and disclose your health information for activities such as quality assessment, licensing, credentialing, training, and general business operations.

Other Permitted or Required Uses

We may use or disclose your health information as permitted or required by law, including for public health activities, health oversight activities, and law enforcement purposes, as allowed by law.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

Some of your health information may be protected by **federal law governing the confidentiality of substance use disorder patient records (42 CFR Part 2)**.

- **SUD records are subject to stricter privacy protections than other health information.**

Uses and disclosures of SUD records for treatment, payment, and health care operations are permitted as allowed by law,

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your health information for purposes not described in this Notice. You may revoke your authorization in writing at any time, except to the extent we have already relied on it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- **Get a copy** of your health records
- **Request corrections (amendments)** to your health records
- **Request confidential communications**
- **Ask us to limit** certain uses or disclosures
- **Get a list (accounting)** of certain disclosures
- **Get a paper copy** of this Notice at any time
- **Choose someone** to act for you (such as a medical power of attorney)
- **File a complaint** if you believe your privacy rights have been violated

To exercise any of these rights, contact us using the information below.

COMPLAINTS

If you believe your rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

CONTACT INFORMATION

If you have any questions about this Notice or your privacy rights, please contact:

Privacy officer: Dr. Nicole Richardson

Phone: 972-317-1406

Address: 1401 Shoal Creek, Ste 276 Highland Village, TX 75077

Email: frontdesk@highlandvillagesmilestudio.com

ADDITIONAL INFORMATION

This Notice applies to all services provided by Highland Village Smile Studio, including services involving substance use disorder treatment, when applicable.