



## Notice of privacy practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

### Our legal duty

We are required by applicable federal and state law, including the Health Insurance Portability and Accountability Act (HIPAA) and the Texas Medical Records Privacy Act, to maintain the privacy and security of your health information. We are also required to give you Notice about our privacy practices, our legal duties, and your rights concerning your health information. We are required to notify you promptly if a breach occurs that may have compromised the privacy or security of your information. This Notice takes effect February 16, 2026 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Before we make a significant change, we will update this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### Uses and disclosures of health information

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

1. **Treatment:** we may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
2. **Payment:** we may use and disclose your health information to obtain payment for services we provide to you.
3. **Healthcare operations:** we may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities, business management, administrative activities, compliance programs, and auditing functions.  
Your authorization In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.
4. **To your family and friends:** we must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if we agree that we may do so.

5. **Persons involved in care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, general condition, or death. If you are present, we will provide you the opportunity to object to such uses or disclosures. In the event of your incapacity or emergency, we will disclose only the information directly relevant to the person's involvement in your care, using professional judgment and reasonable inference to act in your best interest. This may include picking up prescriptions, medical supplies, x-rays, or similar items.
6. **Marketing health-related services:** We will not use your health information for marketing communications without your written authorization. Any marketing communication not related to treatment or care will require your authorization. If compensation is received for marketing purposes, it will be disclosed in the communication. You have the right to opt out of future marketing communications.
7. **Required by law:** we may use or disclose your health information when we are required to do so by law. This includes public health reporting under Texas law.
8. **Abuse or neglect:** we may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes.
9. **National security:** we may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of an inmate or patient under certain circumstances.
10. **Appointment reminders:** we may use or disclose your health information to provide you with appointment reminders by phone call, voicemail, text message, email, mail, or other electronic communication methods. Standard messaging and data rates may apply.

### **Special privacy protections**

**Self-pay restriction right:** If you pay for a service or healthcare item in full out-of-pocket, you have the right to request that we not disclose information about that service to your health plan for payment or healthcare operations purposes. We must honor this request unless disclosure is required by law.

**Substance Use Disorder Records (42 CFR Part 2):** Some health information about substance use disorder (SUD) treatment is protected under federal law (42 CFR Part 2) and has heightened confidentiality protections. If we receive SUD treatment records from a Part 2 program, we will only use or disclose this information:

- "With your written consent; or"
- "As otherwise allowed under Part 2 regulations. In no event will we use or disclose your Part 2 program records, or testimony describing the information contained in those records, in any civil, administrative, or legislative proceeding without your consent or a court order after proving you notice of the order. These protections are stricter than HIPAA, and we will maintain Part 2 records with the same privacy and security standards required under HIPAA."

### **Patient rights**

**Access:** you have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice.

We will charge you a reasonable, cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. You also have the right to request electronic copies of your health information. If we maintain your health information in an electronic health

record system capable of fulfilling your request electronically, we will provide access to your records within 15 business days of receiving your written request, unless otherwise permitted or required by law. We may charge a reasonable, cost-based fee for labor involved in preparing and providing your records electronically.

Disclosure accounting: you have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities for the last 6 years, but not before May 30, 2023. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: you may request restrictions on our use or disclosure of your health information. We are not required to agree, but if we do, we will honor the agreement except in emergencies.

Alternative communication: you may request that we communicate your health information by alternative means or locations. Requests must be in writing and include explanation of how payments will be handled. We will accommodate requests to the extent practicable.

Amendment: you may request amendments to your health information in writing, explaining why it should be changed. We may deny your request in certain circumstances.

Electronic notice: if you receive this Notice on our web site or by electronic mail (email), you are entitled to receive this Notice in written form.

### **Questions and complaints**

If you believe your privacy rights were violated or disagree with our handling of your information, you may complain using the contact information at the end of this Notice, or submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate for filing a complaint. For more information, please contact Pearls Orthodontics at **512-720-6612**.