



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact the Privacy Officer at:
Lone Star Orofacial Pain & Dental Sleep Medicine
Email: info@lonestartmj.com

Our Commitment to Your Privacy

Lone Star Orofacial Pain & Dental Sleep Medicine and its affiliated providers are dedicated to protecting the privacy of your health information. This Notice explains how we may use and disclose your **Protected Health Information (PHI)** and describes your rights under the **Health Insurance Portability and Accountability Act (HIPAA)** and applicable Texas state privacy laws, including the Texas Medical Records Privacy Act.

We are required by law to:

- Maintain the privacy of your health information
- Provide you with this Notice describing our legal duties and privacy practices
- Follow the terms of the Notice currently in effect

How We May Use and Disclose Your Health Information

We may use and share your PHI without your written authorization for the following purposes:

1. Treatment

We may use and disclose your health information to provide, coordinate, and manage your care. This may include sharing information with referring dentists, physicians, sleep specialists, physical therapists, or other healthcare professionals involved in your treatment.



2. Payment

We may use and disclose your PHI to bill for services and to collect payment from insurance companies, health plans, or other responsible parties.

If you pay for services in full out-of-pocket, you may request that we not disclose information related to those services to your health plan, and we will honor such requests when required by law.

3. Healthcare Operations

We may use your PHI for practice operations, including:

- Quality assessment and improvement activities
- Staff training and credentialing
- Licensing, auditing, and compliance activities
- Administrative and business management functions

Other Permitted Uses and Disclosures

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

- Public health reporting and communicable disease control
- Reporting abuse, neglect, or domestic violence
- Health oversight and regulatory activities
- Judicial or administrative proceedings and law enforcement requests
- Coroner, medical examiner, funeral director, or organ donation purposes
- Approved research activities (under specific legal safeguards)
- Workers' compensation claims
- Military or national security purposes

Texas law may require your written authorization before certain sensitive health information (such as mental health or genetic testing data) is disclosed.

Uses and Disclosures Requiring Your Written Authorization

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

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



- Any other use not permitted by law

You may revoke an authorization at any time in writing, except to the extent that we have already relied on it.

Your Rights Regarding Your Health Information

You have the following rights with respect to your PHI:

1. Right to Inspect and Receive Copies

You may request to review or obtain a copy of your medical and billing records. Requests must be submitted in writing. Reasonable fees may apply as permitted by law.

2. Right to Request Amendments

If you believe information in your record is incorrect or incomplete, you may request a written amendment. We may deny your request in certain circumstances and will notify you of our decision.

3. Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made in the past six years, excluding disclosures made for treatment, payment, and healthcare operations.

4. Right to Request Restrictions

You may request restrictions on how we use or disclose your protected health information. Although we are not required to agree to every request, we will make every reasonable effort to honor your preferences and comply with applicable restrictions

5. Right to Request Confidential Communications

You may ask us to communicate with you in a specific manner or at a specific location. We will accommodate reasonable requests.



6. Right to a Paper Copy of This Notice

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

7. Right to Breach Notification

You have the right to be notified if a breach occurs involving your unsecured protected health information.

8. Right to Opt Out of Fundraising Communications

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

Changes to This Notice

We reserve the right to revise this Notice at any time. Any changes will apply to all health information we maintain and will be posted on our website and made available in our office.

Questions or Complaints

If you believe your privacy rights have been violated or if you have questions about this Notice, you may contact:

Privacy Officer

Lone Star Orofacial Pain & Dental Sleep Medicine

Phone: (832) 446-1525

Email: info@lonestartmj.com

You may also file a complaint with the U.S. Department of Health and Human Services at:

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

You will not be penalized or retaliated against for filing a complaint.