



115 W. 1st Street
Dumas, TX 79029
806-421-0099

NOTICE OF PRIVACY PRACTICES

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

Our office is committed to protecting your privacy. We understand that your medical information is personal, and we maintain strict policies to safeguard your Protected Health Information (“PHI”) as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable state laws. This Notice explains how we may use and disclose your PHI, your rights regarding this information, and our obligations to protect it.

OUR COMMITMENT TO YOUR PRIVACY

We protect the information we gather from you and use it only as permitted by law. This Notice describes:

- How we may use and disclose your PHI
- Your rights regarding your PHI
- Our legal duties to safeguard your information

Consumer information is not shared with third parties for marketing purposes.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We typically use or share your PHI in the following ways:

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare.

Example: A doctor treating you for an injury may consult another provider about your overall health.

Payment

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

Example: We may send information about your visit to your insurance company for reimbursement.

Healthcare Operations

We may use and disclose your PHI for office operations, quality assessment, and administrative purposes.

Example: Reviewing services to improve the quality of care.

OTHER WAYS WE MAY USE OR SHARE YOUR INFORMATION

We may use or disclose your PHI without your authorization when permitted or required by law, including:

- **Public health and safety:** Preventing disease, reporting abuse or neglect, or reducing serious threats to health or safety
- **Compliance with law:** When required by federal or state law, including disclosures to the Department of Health and Human Services
- **Research:** When approved under applicable regulations
- **Family and friends:** To individuals involved in your care or payment for your care, or to notify them of your condition or location
- **Organ and tissue donation:** To authorized procurement organizations
- **Coroners, medical examiners, and funeral directors**

- **Workers' compensation, law enforcement, and government functions:** As permitted for claims, investigations, national security, or military purposes
- **Legal proceedings:** In response to court orders, subpoenas, or administrative requests

For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights:

1. Access to Your Records

You may inspect or obtain an electronic or paper copy of your PHI.

Requests must be submitted in writing to our Privacy Officer.

A reasonable, cost-based fee may apply.

2. Request Corrections

You may request an amendment to PHI you believe is incorrect or incomplete.

If we deny your request, we will provide a written explanation within 60 days.

3. Request Confidential Communications

You may request that we contact you in a specific way (e.g., at a different address or phone number).

We will accommodate all reasonable requests.

4. Request Restrictions

You may ask us not to use or disclose certain PHI for treatment, payment, or operations.

We are not required to agree, and may decline if it affects your care.

5. Accounting of Disclosures

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

One list is provided at no cost per 12-month period.

6. Paper Copy of This Notice

You may request a paper copy at any time.

7. File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S.

Department of Health and Human Services:

Office for Civil Rights

200 Independence Ave, SW, Room 509F, HHH Building

Washington, D.C. 20201

Phone: 1-877-696-6775

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

We will not retaliate against you for filing a complaint.

SMS COMMUNICATION CONSENT

By providing your mobile number and opting into our SMS service, you consent to the collection and use of your information as described in this Notice. We collect your number through our website, app, or intake forms and use it only for transactional, informational, or promotional messages related to our services.

Your information is protected with industry-standard security measures and is not shared with third parties for marketing. It may be shared with our SMS service provider solely for message delivery.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will **never** use or disclose your PHI for the following without your written permission:

- Marketing
- Fundraising
- Sale of PHI

We may create and share de-identified information by removing all identifiable elements.

SPECIAL CIRCUMSTANCES

We may use or disclose PHI without prior consent when:

- We are required by law to treat you and cannot obtain consent
 - Communication barriers prevent obtaining consent, and professional judgment indicates implied consent
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STATE LAW REQUIREMENTS

If state law provides greater protection or additional restrictions (e.g., regarding HIV/AIDS, mental health, or substance use information), we will follow the stricter law.

For details, contact our Privacy Officer.

OUR DUTIES

We are required by law to:

- Maintain the privacy and security of your PHI
- Notify you promptly if a breach occurs that may compromise your information
- Follow the terms of this Notice
- Provide updates when this Notice changes

This Notice is effective as of **2024** and remains in effect until replaced. Updated versions will be available in our office and on our website.

CONTACT INFORMATION

If you have questions or wish to exercise your rights, contact us at 806-421-0099 and ask to speak to our Privacy officer.

By mail to:

Bumble Bee Smiles – Privacy Officer
115 W. 1st Street
Dumas, TX 79029

The Privacy Officer will assist you with any requests described in this Notice.