

HIPAA

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 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.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) is information about you that may identify you and relates to your past, present, or future:

- Physical or mental health or condition
 - Healthcare services you receive
 - Payment for healthcare services

PHI includes information such as your name, address, date of birth, Social Security number, medical records, and billing information. PHI may be maintained in electronic, paper, or oral form.

HOW WE MAY USE AND DISCLOSE YOUR PHI

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

1. Treatment

We may use and share your PHI to provide, coordinate, or manage your healthcare and related services.

2. Payment

We may use and disclose your PHI to bill and collect payment for services provided to you.

3. Healthcare Operations

We may use and disclose your PHI for operational purposes such as quality assessment, staff training, licensing, and administrative activities.

OTHER PERMITTED USES AND DISCLOSURES

We may also disclose your PHI without your authorization in certain situations, including:

- Public health activities (e.g., disease prevention, reporting adverse reactions)
 - Reporting abuse, neglect, or domestic violence
 - Health oversight activities (audits, inspections)
 - Judicial and administrative proceedings (with proper legal authority)
 - Law enforcement purposes (as permitted by law)
 - Coroners, medical examiners, and funeral directors
 - To avert a serious threat to health or safety
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USES AND DISCLOSURES REQUIRING AUTHORIZATION

We will not use or disclose your PHI for purposes not described in this Notice without your written authorization. You may revoke your authorization at any time in writing.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

We may maintain records related to the diagnosis, treatment, or referral for treatment of a substance use disorder. These records are protected by federal law (**42 CFR Part 2**) in addition to HIPAA.

How We May Use and Disclose SUD Records

With your general written consent, your SUD records may be used or disclosed for:

- Treatment
- Payment
- Healthcare operations

Restrictions on Use

Your SUD records:

- **May NOT be used or disclosed for law enforcement purposes** without your specific authorization or a court order
- **May NOT be used in civil, criminal, administrative, or legislative proceedings** against you without your consent or appropriate court order
- **May NOT be used for employment, housing, education, or access to social services** without your explicit consent

Redisclosure Prohibition

Recipients of your SUD records are prohibited from redisclosing this information unless permitted by federal law.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights:

Right to Access

You may inspect and obtain a copy of your medical records, including electronic copies.

Right to Amend

You may request corrections to your PHI if you believe it is incorrect or incomplete.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made within the past six (6) years.

Right to Request Restrictions

You may request limitations on how we use or disclose your PHI.

Right to Confidential Communications

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

Right to Receive This Notice

You may request a paper copy of this Notice at any time.

Right to Be Notified of a Breach

You will be notified if a breach occurs that compromises the privacy or security of your PHI.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of our legal duties and privacy practices
 - Follow the terms of this Notice currently in effect
 - Notify you promptly if a breach occurs

We will not use or share your information other than as described here unless you provide written authorization.

MINIMUM NECESSARY STANDARD

We limit access to PHI to the minimum necessary information needed to perform job-related duties. Staff are required to safeguard your information and use discretion when handling PHI.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Any revised Notice will be effective for all PHI we maintain and will be made available upon request and posted in our facility and on our website.

COMPLAINTS

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. Filing a complaint will not result in retaliation.

You may contact:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-877-696-6775

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

CONTACT INFORMATION

If you have questions about this Notice or wish to exercise your rights, please contact:

UNIVERSAL SMILES

DR. BRAD GRIFFIN OR DR. ERIN STEIB-GRIFFIN

281-631-5270

INFO@UNIVERSAL-SMILES.COM

LEGAL DISCLAIMER

This Notice is intended to comply with applicable federal laws, including HIPAA and 42 CFR Part 2. It does not constitute legal advice. For specific legal concerns, consult qualified legal counsel.
