

## NOTICE OF PRIVACY PRACTICES

### **Cimarron Family Dentistry**

9037 Mid Cities Blvd North Richland Hills, TX 76182

817-268-1112

[info@cimarronfamilydentistry.com](mailto:info@cimarronfamilydentistry.com)

**Effective Date: March 1, 2026**

**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.**

### **Our Commitment to Your Privacy**

Cimarron Family Dentistry is dedicated to protecting the privacy of your protected health information (PHI). PHI is information about you, including demographic information, that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services. We are required by law (the Health Insurance Portability and Accountability Act – HIPAA) to maintain the privacy of your PHI, provide you with this Notice of our legal duties and privacy practices, and follow the terms of the Notice currently in effect.

### **How We May Use and Disclose Your Protected Health Information**

We may use and disclose your PHI in the following ways without your written authorization:

**For Treatment** – We may use and disclose your PHI to provide, coordinate, or manage your dental care and related services. For example, we may share your information with your dentist, hygienist, dental specialists (such as an oral surgeon or orthodontist), or your primary care physician.

**For Payment** – We may use and disclose your PHI to obtain payment for services we provide to you. This may include billing your insurance company, submitting claims, or determining eligibility/coverage.

**For Health Care Operations** – We may use and disclose your PHI for our internal operations, such as quality improvement, staff training, accreditation, auditing, or customer service. For example, we may review your records to evaluate the performance of our team.

**Appointment Reminders & Treatment Alternatives** – We may contact you by phone, text, email, or postcard to remind you of appointments, discuss treatment options, or inform you about products/services related to your care (e.g., whitening options, Invisalign, etc.).

**Business Associates** – We may share your PHI with third-party business associates (e.g., billing companies, IT vendors, labs, or x-ray facilities) who perform services on our behalf. These associates are required by contract to protect your information.

**Substance Use Disorder (SUD) Treatment Information** If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

**Other Permitted or Required Uses and Disclosures** (without your authorization):

- As required by law
- Public health activities (e.g., reporting disease or FDA-regulated products)
- Health oversight activities (e.g., audits or investigations)
- Judicial/administrative proceedings (e.g., court orders)
- Law enforcement purposes
- Coroners, medical examiners, funeral directors
- Organ/tissue donation
- Research (with strict safeguards or IRB approval)
- To avert a serious threat to health or safety
- Specialized government functions (e.g., military, national security)
- Workers’ compensation

## **Uses and Disclosures Requiring Your Written Authorization**

Any other uses and disclosures not described in this Notice will be made only with your written authorization. This includes:

- Most uses/disclosures of psychotherapy notes (if we maintain them)
- Marketing purposes (except face-to-face or nominal-value promotional gifts)
- Sale of PHI

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

## Your Individual Rights

You have the following rights regarding your PHI:

1. **Right to Request Restrictions** – You may ask us to restrict uses/disclosures for treatment, payment, or operations, or to family/friends. We are not required to agree (except for restrictions on disclosures to your health plan when you have paid out-of-pocket in full).
2. **Right to Confidential Communications** – You may request that we communicate with you in a certain way or at a certain location (e.g., by email only or at work address).
3. **Right to Inspect and Copy** – You have the right to see and obtain a copy of your PHI (including electronic format when feasible). We may charge a reasonable fee for copies.
4. **Right to Amend** – If you believe information in your record is incorrect or incomplete, you may request an amendment. We may deny the request under certain circumstances.
5. **Right to an Accounting of Disclosures** – You may request a list of certain disclosures we made of your PHI in the past 6 years.
6. **Right to a Paper Copy of This Notice** – You may request a paper copy at any time, even if you received it electronically.
7. **Right to Be Notified of a Breach** – You will be notified if there is a breach of your unsecured PHI.

To exercise any of these rights, please contact our Privacy Officer in writing.

## Our Duties

- We are required by law to maintain the privacy and security of your PHI.
- We must notify you if a breach occurs that compromises your PHI.
- We reserve the right to change this Notice and make the new provisions effective for all PHI we maintain. Revised notices will be posted in our office and on our website (if applicable). You may request a copy at any time.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services (HHS). You will not be retaliated against for filing a complaint.

**To file a complaint with us, contact:** Privacy Officer: Sara Saremi De Vincenzo

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**To file with HHS:** Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> Mail: U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201

## **Contact Us**

If you have questions about this Notice, please contact our Privacy Officer at the information above.

**Acknowledgment of Receipt** I acknowledge that I have received a copy of Cimarron Family Dentistry's Notice of Privacy Practices.

Patient Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(For minors or representatives: \_\_\_\_\_ Relationship: \_\_\_\_\_)