

Your Information. Your Rights. Our Responsibilities.

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.**

LAYERED SUMMARY TEXT –

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

- Effective Date: November 6, 2021
- We never market or sell personal information.
- We will comply with any additional/stricter laws required by the state of Texas regarding your healthcare information.
- This notice applies to Dylan Patrick DDS, PLLC which operates the dental offices under the name Storybook Smiles serving the East Texas Area

Privacy Officer

If you have a question, concern, or complaint regarding how your health information is protected, used, and/or disclosed, you may contact the Privacy Office by any of the following means:

- Privacy Officer: Lucero Mares
- Mailing Address: Privacy Officer, 419 W Southwest Loop 323 Ste 300, Tyler TX, 75701
- Phone: 903-521-9292
- Email: FrontDesk@StorybookSmiles.com; Please place "HIPPA Concern" in the Heading

Notice of Privacy Practices

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

Our Responsibilities

By law, Storybook Smiles must:

- Maintain the privacy of your protected health information (PHI).
- Provide you this Notice describing our legal duties and privacy practices.
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI.
- Follow the terms of this Notice currently in effect.

How We May Use and Disclose Your Information

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

- Treatment: To provide, coordinate, or manage your dental care. Example: sharing radiographs and information with a dental specialist about your treatment.
- Payment: To obtain payment for services. Example: sending information to your dental insurance company.
- Healthcare Operations: For business activities that support our practice. Example: quality assessments, audits, staff training.

Other Permitted Uses & Disclosures

We may also use or disclose PHI without your authorization in these situations:

- Required by Law: To comply with federal, state, or local laws.
- Public Health: For disease control, product recalls, adverse events.
- Health Oversight: To government health agencies for oversight activities.
- Judicial & Administrative Proceedings: In response to valid subpoenas or court orders.
- Law Enforcement: For reporting certain injuries, locating suspects, or complying with law.
- Coroners, Medical Examiners, and Funeral Directors: As needed for duties.
- Organ and Tissue Donation: If you are an organ donor.
- Research: When approved by an institutional review board or privacy board.
- Serious Threats: To prevent or lessen a serious threat to health or safety.
- Specialized Government Functions: For military, national security, or correctional purposes.
- Workers' Compensation: To comply with workers' compensation laws.
- Fundraising Communications: We do not currently use your information for fundraising purposes. If we ever do, you have the right to opt out of receiving such communications.
- Business Associates: We may disclose your information to business associates who perform services on our behalf (e.g., billing services, IT support). They are required to protect your information.
- Legal and Regulatory Requirements: We may disclose your information when required by law, including for public health activities, audits, investigations, or law enforcement purposes as permitted by HIPAA.

Uses & Disclosures Requiring Your Authorization

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

- Marketing communications not permitted by law.

- Sale of your PHI.
- If you give authorization, you may revoke it at any time in writing.
- Substance Use Disorder (SUD) Information: If we maintain records related to substance use disorder treatment that are subject to 42 CFR Part 2, those records receive special federal protections. Such information will not be used or disclosed without your specific authorization, except as permitted or required by law.

Your Rights Regarding Your PHI

You have the right to:

- Get a copy of your health records
- Request corrections to your health records
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of disclosures
- Get a copy of this Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

We will not retaliate against you for filing a complaint.

Your Choices

For certain information, you can tell us your choices about what we share, including:

- Sharing information with family or friends involved in your care
- Leaving messages with appointment information

If you have a clear preference, we will follow your instructions unless required otherwise by law.

Breach Notification

If a breach occurs that compromises the privacy or security of your PHI, Storybook Smiles will notify you without unreasonable delay and no later than 60 days after discovery of the breach.

Contact Information

If you have questions, requests, or complaints about this Notice or your privacy rights, contact: Storybook Smiles, HIPAA Privacy Officer: Nickie Hall, Lucy Mares, Address: 419 W SW Loop 323, Ste. 300, Tyler, Texas 75701, Phone: 903-251-9292

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, Voice Phone (toll-free): 1 (800) 368-1019 | TDD (toll-free): 1 (800) 537-7697 Email: OCRMail@hhs.gov. You will not be penalized in any way for filing a complaint.

Changes to This Notice

We reserve the right to change our privacy practices and this Notice. Updates will apply to all PHI we maintain. Revised notices will be posted in our office and on our website, if applicable, and available upon request.

Effective Date: 01/19/2026

Aviso de Prácticas de Privacidad

ESTE AVISO DESCRIBE CÓMO LA INFORMACIÓN DENTAL SOBRE USTED PUEDE SER UTILIZADA Y DIVULGADA, Y CÓMO USTED PUEDE OBTENER ACCESO A ESTA INFORMACIÓN. POR FAVOR LÉALO CUIDADOSAMENTE.

Nuestras Responsabilidades

Por ley, Storybook Smiles debe:

- Mantener la privacidad de su Información de Salud Protegida (PHI).
- Proporcionarle este Aviso que describe nuestras obligaciones legales y prácticas de privacidad.
- Notificarle si ocurre una violación que pueda haber comprometido la privacidad o seguridad de su PHI.
- Cumplir con los términos de este Aviso que estén vigentes en ese momento.

Cómo Podemos Usar y Divulgar Su Información

Podemos usar o divulgar su PHI para los siguientes propósitos sin su autorización por escrito:

- Tratamiento: Para proporcionar, coordinar o manejar su atención dental.
- *Ejemplo:* compartir radiografías e información con un especialista dental sobre su tratamiento.
- Pago: Para obtener el pago por los servicios prestados.
- *Ejemplo:* enviar información a su compañía de seguro dental.
- Operaciones de Atención Médica: Para actividades comerciales que apoyan a nuestra práctica.
- *Ejemplo:* evaluaciones de calidad, auditorías y capacitación del personal.

Otros Usos y Divulgaciones Permitidos

También podemos usar o divulgar su PHI sin su autorización en las siguientes situaciones:

- Requerido por Ley: Para cumplir con leyes federales, estatales o locales.
- Salud Pública: Para el control de enfermedades, retiros de productos o reportes de eventos adversos.
- Supervisión de Salud: A agencias gubernamentales de salud para actividades de supervisión.
- Procedimientos Judiciales y Administrativos: En respuesta a citaciones válidas u órdenes judiciales.
- Cumplimiento de la Ley: Para reportar ciertas lesiones, localizar sospechosos o cumplir con la ley.

- Forenses, Médicos Examinadores y Directores Funerarios: Según sea necesario para el desempeño de sus funciones.
- Donación de Órganos y Tejidos: Si usted es donador de órganos.
- Investigación: Cuando esté aprobada por una junta de revisión institucional o junta de privacidad.
- Amenazas Graves: Para prevenir o reducir una amenaza grave para la salud o seguridad.
- Funciones Especiales del Gobierno: Para propósitos militares, de seguridad nacional o correccionales.
- Compensación para Trabajadores: Para cumplir con las leyes de compensación laboral.
- Comunicaciones de Recaudación de Fondos: Actualmente no usamos su información para fines de recaudación de fondos. Si en algún momento lo hacemos, usted tendrá el derecho de optar por no recibir dichas comunicaciones.
- Asociados Comerciales: Podemos divulgar su información a asociados comerciales que nos prestan servicios (por ejemplo, servicios de facturación o soporte de TI). Estos están obligados a proteger su información.
- Requisitos Legales y Regulatorios: Podemos divulgar su información cuando la ley lo requiera, incluyendo actividades de salud pública, auditorías, investigaciones o propósitos de cumplimiento de la ley según lo permita HIPAA.

Usos y Divulgaciones que Requieren Su Autorización

Debemos obtener su autorización por escrito antes de usar o divulgar su PHI para:

- Comunicaciones de mercadeo no permitidas por la ley.
- La venta de su PHI.
- Si usted otorga autorización, puede revocarla en cualquier momento por escrito.
- Información sobre Trastornos por Uso de Sustancias (SUD):
- Si mantenemos registros relacionados con tratamiento por trastornos por uso de sustancias que estén sujetos a 42 CFR Parte 2, dichos registros reciben protecciones federales especiales. Esta información no será utilizada ni divulgada sin su autorización específica, excepto cuando la ley lo permita o lo exija.

Sus Derechos con Respecto a Su PHI

Usted tiene derecho a:

- Obtener una copia de sus expedientes de salud
- Solicitar correcciones a sus expedientes de salud
- Solicitar comunicaciones confidenciales
- Pedir que limitemos lo que usamos o compartimos
- Obtener una lista de divulgaciones
- Obtener una copia de este Aviso
- Designar a una persona para que actúe en su nombre
- Presentar una queja si cree que sus derechos de privacidad han sido violados

No tomaremos represalias contra usted por presentar una queja.

Sus Opciones

Para cierta información, usted puede indicarnos sus preferencias sobre lo que compartimos, incluyendo:

- Compartir información con familiares o amigos involucrados en su cuidado
- Dejar mensajes con información sobre citas

Si usted expresa claramente su preferencia, seguiremos sus instrucciones a menos que la ley nos exija lo contrario.

Notificación de Violaciones

Si ocurre una violación que comprometa la privacidad o seguridad de su PHI, Storybook Smiles le notificará sin demora injustificada y no más tarde de 60 días después de haber descubierto la violación.

Información de Contacto

Si tiene preguntas, solicitudes o quejas sobre este Aviso o sus derechos de privacidad, comuníquese con: Storybook Smiles, Oficial de Privacidad HIPAA: Nickie Hall, Lucy Mares, Dirección: 419 W SW Loop 323, Ste. 300, Tyler, Texas 75701, Teléfono: 903-251-9292

Si no está satisfecho con la manera en que esta oficina maneja una queja, puede presentar una queja formal ante: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, Teléfono (gratuito): 1-(800)-368-1019, TDD (gratuito): 1-(800)-537-7697, Correo electrónico: OCRMail@hhs.gov

No se le penalizará de ninguna manera por presentar una queja.

Cambios a Este Aviso

Nos reservamos el derecho de cambiar nuestras prácticas de privacidad y este Aviso. Los cambios se aplicarán a toda la PHI que mantengamos. Los avisos actualizados se publicarán en nuestra oficina y en nuestro sitio web, si corresponde, y estarán disponibles a solicitud.

Fecha de Vigencia: 19 de enero de 2026