

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES:

- How health information about you may be used and disclosed
- Your rights regarding your health information
- How to file a complaint

Please review it carefully.

OUR LEGAL DUTY

ACE Endodontics is required by federal and applicable Texas law to:

- Maintain the privacy and security of your Protected Health Information (“PHI”)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you in the event of a breach of unsecured PHI

This Notice applies to all records created or maintained by ACE Endodontics, including electronic, written, and oral health information.

We reserve the right to change this Notice at any time. Updated versions will be posted in our offices and on our website. You may request a paper or electronic copy at any time.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

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

Treatment:

We may use and disclose your PHI to provide, coordinate, or manage your dental and endodontic care.

Examples:

- Sharing records with your referring dentist
- Consulting with specialists
- Reviewing CBCT imaging
- Providing prescriptions
- Appointment reminders (phone, text, voicemail, email)

Electronic Communications/Marketing:

We may communicate with you using:

- Phone
- Text message
- Email
- Patient portal

Electronic communications may carry some privacy risk. You may request alternative communication methods at any time.

ACE Endodontics does not sell or share messaging opt-in consent for marketing purposes.

Payment:

We may use and disclose your PHI to obtain payment for services rendered.

Examples include:

- Submitting claims to insurance carriers
- Verification of benefits
- Coordination of benefits
- Collection of outstanding balances

Health Care Operations:

We may use and disclose PHI for business operations including:

- Quality assessment and performance improvement
- Staff training and credentialing
- Licensing and accreditation
- Business management and administrative activities
- Compliance and auditing activities

Health Information Exchange (HIE)

ACE Endodontics may participate in Health Information Exchanges (HIEs) that allow healthcare providers to securely share PHI for treatment, payment, and healthcare operations.

Sensitive information (including mental health, substance use treatment, HIV, and other protected categories) may be included where permitted by law.

You may request information about participation in HIEs and your rights regarding such exchanges.

SPECIAL PROTECTIONS FOR REPRODUCTIVE HEALTH INFORMATION

ACE Endodontics will not use or disclose your PHI for the purpose of conducting or supporting any criminal, civil, administrative, or other investigation into, or proceeding against, any person for seeking, obtaining, providing, or facilitating lawful reproductive health care.

Where required by federal law, we will obtain a valid written attestation before disclosing PHI potentially related to reproductive health care in response to certain legal requests.

We comply with all applicable federal privacy protections regarding reproductive health information.

Other Permitted Disclosures Without Authorization

We may disclose PHI:

- As required by law
- For public health activities
- Reporting abuse, neglect, or domestic violence
- For health oversight activities
- In response to court orders or lawful subpoenas

- For law enforcement purposes where permitted
- To coroners or medical examiners
- For organ/tissue donation
- To avert serious threats to health or safety
- For workers' compensation
- For military or national security purposes
- For disaster relief efforts

USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

We will obtain your written authorization before:

- Using or disclosing psychotherapy notes (if applicable)
- Marketing communications (where required)
- Selling PHI
- Any use not described in this Notice

You may revoke authorization in writing at any time.

SPECIAL PROTECTIONS FOR CERTAIN INFORMATION

Federal and Texas laws may provide additional protection for:

- Mental health records
- Substance use disorder treatment records (42 CFR Part 2, if applicable)
- HIV/AIDS information
- Genetic information
- Sexually transmitted infection records

Where required, we will obtain specific authorization prior to disclosure.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights:

Right of Access

You may inspect or obtain a copy of your PHI in paper or electronic format. A reasonable cost-based fee may apply.

Right to Amend

You may request an amendment to your records. We may deny requests under certain conditions but will provide a written explanation.

Right to an Accounting of Disclosures

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

Right to Request Restrictions

You may request restrictions on certain uses and disclosures.

We are required to honor requests to restrict disclosure to your health plan if:

- The service was paid in full out-of-pocket

- The disclosure is for payment or healthcare operations

Right to Confidential Communications

You may request we communicate with you by alternative means (e.g., specific phone number, mailing address, email).

Right to a Paper Copy

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

Right to opt Out of Fundraising Communications

If ACE Endodontics conducts fundraising, you may opt out.

BREACH NOTIFICATION

If a breach of your unsecured PHI occurs, we will notify you without unreasonable delay and in accordance with HIPAA regulations.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

ACE Endodontics Privacy Officer

Operations Managers:

802 Yale, Houston, TX 77007

ace@aceendodonticsheights.com

(832)615-3131

You may also file a complaint with:

U.S. Department of Health & Human Services

Office for Civil Rights

<https://www.hhs.gov/ocr/complaints/index.html>

We will not retaliate against you for filing a complaint.

If there is a person you want us to discuss your records with, including health history, financials and treatment, please request a consent form to release your records to this person, and/or give us permission to speak with them. Otherwise, we will not be able to discuss your information to protect your privacy.

I have been made aware that a copy of the Notice of Privacy Practices for ACE Endodontics Heights, PLLC is available on their website or that I may ask for a copy at any given time. I consent to the use and sharing of my dental records for treatment, payment and operational purposes as described in this notice. I know that if I do not consent, services cannot be provided to me.

ACKNOWLEDGMENT OF RECEIPT

You acknowledge receipt of this Notice of Privacy Practices. Your signature confirms you received this Notice. It does not constitute consent for treatment.

EFFECTIVE DATE

Effective Date: January 1, 2026

Supersedes all prior versions.