



FAMILY TREE
DENTISTRY, P.A.

DOAN BUI, DDS

Notice of Privacy Practices

This Notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

1. Our Legal Duty

Family Tree Dentistry, PA ("the Practice") is committed to protecting your privacy. We are required by federal law (the **Health Insurance Portability and Accountability Act of 1996 – HIPAA**) and by **Texas state law (Texas Health & Safety Code Chapter 181, "HB 300")** to:

- Keep your Protected Health Information (PHI) private and secure;
- Provide you with this Notice explaining our legal duties and privacy practices;
- Notify you if a breach occurs that may have compromised your PHI; and
- Follow the terms of this Notice currently in effect.

2. What Is Protected Health Information (PHI)?

PHI includes any information about you that identifies you and relates to your past, present, or future physical or dental health or payment for your care.

This may include information in your dental chart, billing records, X-rays, treatment plans, and insurance details.

3. How We May Use and Disclose Your PHI

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

a. Treatment

- We may use and share PHI with dentists, hygienists, specialists, laboratories, or other healthcare providers involved in your treatment.
- Example: Sharing X-rays or medical history with an oral surgeon for a referral.

b. Payment

- We may use and disclose PHI to obtain payment from you, your insurance company, or a third party.
- Example: Sending information to your insurance plan to verify coverage or process claims.

c. Healthcare Operations

- We may use PHI for quality assurance, staff training, auditing, licensing, and other internal business operations.
- Example: Reviewing patient records to ensure quality of care.

4. Other Uses and Disclosures Permitted or Required by Law

We may also disclose PHI:

- When required by law (e.g., to public health authorities, the Texas State Board of Dental Examiners, or in response to a court order).
- To report abuse, neglect, or domestic violence.
- For law enforcement purposes.
- For health oversight activities (audits, inspections, licensure).
- To avert a serious threat to health or safety.
- To comply with workers' compensation laws.
- To coroners, medical examiners, or funeral directors as required.

5. Uses and Disclosures That Require Your Written Authorization

We will not use or disclose your PHI for purposes other than those listed above unless you provide a **written authorization**.

Examples include:

- Marketing communications;
- Sale of your PHI;
- Disclosures to third parties not involved in your treatment or payment.

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

6. Your Rights Regarding Your PHI

a. Right to Access

You have the right to inspect and obtain a copy of your records.

Under **Texas law (HB 300)**, we must provide requested records **within 15 business days** of receiving your written request.

If your records are maintained electronically and you request them in electronic form, we will provide them in that format if possible.

b. Right to Request an Amendment

If you believe your information is incorrect or incomplete, you may request an amendment in writing. We may deny your request if we did not create the information or if it is accurate as it stands.

c. Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made by this office during the previous six years.

d. Right to Request Restrictions

You may request restrictions on how your PHI is used or shared for treatment, payment, or operations. While we are not required to agree, we will comply with any restriction we accept in writing.

e. Right to Request Confidential Communications

You may request that we communicate with you in a specific way (for example, only at work or by mail). We will accommodate reasonable requests.

You may request 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.

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

f. Right to a Paper or Electronic Copy of This Notice

You may request a copy of this Notice at any time, even if you agreed to receive it electronically.

7. Breach Notification

If a breach of unsecured PHI occurs that affects your information, we will notify you in writing as required by HIPAA and Texas HB 300 within **60 days** of discovery.

8. Complaints

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

- **Privacy Officer:** Kristi W.
Family Tree Dentistry, PA
8600 Precinct Line Rd, Ste 100, Colleyville, Texas 76034
Phone: 817-520-0520
Email: familytreedentistry@gmail.com

or with:

- **Texas Health and Human Services Commission (HHSC):**
 - How to file: Complete and submit Form H0404, Privacy Complaint.
 - By mail: P.O. Box 149030, Mail Code 135-5, Austin, TX 78714-9030.
 - By email: privacy@hhsc.state.tx.us.
- You will not be penalized or retaliated against for filing a complaint.

9. Changes to This Notice

We reserve the right to change this Notice at any time. The revised Notice will apply to all PHI we maintain, past and future.

A current version will always be posted in our office and on our website (if applicable). The effective date is noted at the top of this page.

10. Acknowledgment of Receipt

You will be asked to sign a separate form acknowledging that you received this Notice. Your signature does not mean you agree with the Notice—it only confirms that you received it.

Contact for Questions or Additional Information:

Privacy Officer: Kristi W.
Phone: (817) 520-0520
Email: familytreedentistry@gmail.com