

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2026

Children's Dentistry at Hausman Village

8202 N Loop 1604 W Ste 104

San Antonio, TX 78249

Phone: (210) 694-2700

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

We are required by federal and state law to maintain the privacy of your Protected Health Information (PHI), to provide you with this Notice of our legal duties and privacy practices, and to notify you following a breach of unsecured PHI.

HOW WE MAY USE AND DISCLOSE YOUR PHI:

- Treatment – To provide, coordinate, or manage your dental care.
- Payment – To bill and collect payment from insurance companies or other entities.
- Healthcare Operations – For quality assessment, training, licensing, and administrative functions.
- Appointment Reminders – Via phone, text, email, or mail.
- Treatment Alternatives and Health-Related Benefits – Information that may be helpful to your care.
- Individuals Involved in Your Care – Family members or others involved in payment or care, unless you object.
- Public Health Activities – To prevent or control disease, injury, or disability.
- As Required by Law – Including court orders and law enforcement requests.
- Workers' Compensation – As authorized by law.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION:

We will obtain your written authorization for most uses and disclosures of psychotherapy notes, marketing communications, and any sale of PHI. You may revoke authorization in writing at any time.

YOUR RIGHTS:

- Right to Inspect and Copy – Including electronic copies of your records.

- Right to Amend – Request correction of inaccurate or incomplete information.
- Right to an Accounting of Disclosures.
- Right to Request Restrictions – Including the right to restrict disclosure to your health plan if you pay out-of-pocket in full for a service.
- Right to Confidential Communications – Request alternative communication methods or locations.
- Right to Paper Copy of This Notice.

BREACH NOTIFICATION:

You have the right to be notified in writing if a breach of your unsecured PHI occurs.

COMPLAINTS:

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

Privacy Officer: Dr. Roya Yavari

Nova Dentistry

8202 N Loop 1604 W Ste 104 San Antonio, TX 78249 Phone: (210) 694-2700

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE:

We reserve the right to change this Notice at any time. Revised notices will be posted in our office and on our website and will apply to all PHI we maintain.