



Bastrop Dental Associates
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NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. This notice takes effect Feb 2026 and remains in effect until replaced. We reserve the right to change our privacy practices and the terms of this notice at any time, please review it carefully. You may request a copy of this notice. You may obtain a copy of this notice in our clinical office or on our website.

As a provider of dental services, we are required, under the Health Insurance Portability and Accountability Act, to inform you of your rights to protect your personal health information. As a covered entity, we must inform all patients of their rights regardless of insurance coverage.

Protecting your privacy

Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential. We will always strive to protect your privacy. Your privacy is one of our highest priorities here at Bastrop Dental Associates.

Keeping your information

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with utmost care. Members of our staff access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims, and otherwise meet your needs. We may also access information about you when considering a request from you or exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established security standards and procedures, and we continually assess our security. Our staff members are trained to understand and comply with these information principles.

Working to meet your needs through information

In the course of doing business, we collect and use various types of information, like your name and address and claim information. We use this data to provide services to you, to verify insurance coverage and authorization, to process your claims, to give you appointment and recall reminders, and to bring you health information.

Keeping information accurate

Keeping your health information accurate and up to date is very important. If you believe the health information we have about you is incomplete, inaccurate or not current, please call or write to us at the telephone numbers or addresses listed above. We take appropriate actions to correct any erroneous or out-of-date information as quickly as possible through a standard set of practices and procedures.

How and why information is shared

We limit who receives information and what type of information is shared.

- Sharing information within Bastrop Dental Associates – We share information within our practice to deliver you the dental care services and the related information appropriate.
- Sharing information with companies that we work with – To help us offer you our services, we may share information with companies that help us do business, such as insurance carriers, for workers' compensation claims, claims clearinghouses, and third-party administrators such as employee medical reimbursement accounts. We may disclose your health information to bill and collect payment for the services provided to you (example, we can give health info about you to your health insurance plan so it will pay for your services). These companies act on our behalf or yours and are obligated contractually to keep the information that we provide them confidential.
- Other – Patient – specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know, or with your consent. We may use or disclose your health information to a pharmacy, physician, or other healthcare provider providing treatment to you. Your health information may also be used in connection with our healthcare operations such as quality assessment and improvement, training, audits, credentialing activities, improve your care, and contact you when necessary.
- We may release your health information to authorized federal officials or lawful intelligence in the event of national security or safety. As otherwise required or permitted by local, state, or federal law, including the Dept of Health and Human Services if it would like to see that we are complying with federal privacy law. If we believe you are a possible victim of abuse, neglect, or other crimes we may disclose your health information to the appropriate authorities. We can share with health oversight agencies for activities authorized by law. We can share with other government requests.
- 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 must meet many conditions in the law before we can share your info for these purposes. For more info see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html
- We can share health info 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, and/or preventing or reducing a serious threat to anyone's health or safety.
- We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Privacy protections do not apply to the medical record 50 years after death. We may be required to release health info to coroners and medical examiners so they can carry out their duties related to your death. We may be required to release health information to family members and others who were involved in your care or payment for care after your death.
- We may use or disclose your health information to provide you with appointment reminders via text, voicemail, postcards, or letters. You have the right to request we communicate to you by other means. Please contact us to discuss this further, refer to our contact details at the top of this notice. We will say yes to all reasonable requests. We may also contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.
- Substance Use Disorder (SUD) Treatment Information. If we create, receive, or maintain any information about you regarding 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.

Our Responsibilities: We are required by federal and state law 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 Protected Health Information (PHI) electronically or otherwise 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 info see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Bastrop Dental Associates does not share any patient information with third-party marketers who would offer their products or services to our patients.

Your Rights

Restrictions – You have the right to request restrictions or disclosure usage. We are not required to accept these additional restrictions, and we may say “no” if it would affect your care. We will make a note of the request and honor that request if applicable. You can ask us not to use or share certain health information by sending us a written request that includes (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. 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. You can tell us how we can share: with your family, close friends, or others involved in your care; share info in a disaster relief situation; include your info 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 and safety.

Access – You have the right to access your personal health information. A request for access must be made in writing. You may speak to our office manager/privacy officer to schedule an appointment to view your information; use the telephone number or address at the top of this notice. You may also request a copy of your personal health information. We may charge you a fee for the copies as set by the Texas State Board of Dental Examiners. Patients can request copies of their health information and those copies will be provided within 15 days or the time required by law.

Amendment – You have the right to request that we amend your personal health information. Your request must be in writing and explain what should be amended and the rationale for such request. We have the right to deny this request if we feel that it would render your information inaccurate. We will inform you of the decision to amend your information.

Disclosures – You have the right to request a list of the times and entities to whom we have disclosed your personal health information. These disclosures are only for instances other than treatment, payment, or operations. This disclosure will be given free on an annual basis if requested. We reserve the right to charge for this if requested more than once in a 12-month period.

In the event of a security breach involving your personal health information, you will be notified as required by law.

Complaints – You can complain if you feel we have violated your rights by contacting us using the information at the top of this page for any questions or complaints. You can file a written complaint with the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, DC 20201 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Count on our commitment to your privacy

You can count on us to keep you informed about how we protect your privacy and limit the sharing of information you provide to us – whether it is at our office or over the telephone. This notice is available in electronic form on our website

and in paper form in our office; you can ask us for a paper copy of this notice at any time. If you would like more information about our privacy practices or have questions, please contact us (our contact details are at the top 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 website. Effective date 02/16/2026.

I acknowledge receiving the practice's "Notice of Privacy Practices" dated 02/16/2026.

Name: _____ Signature: _____ Date: _____