NOTICE OF PRIVACY PRACTICES

Root Canal & Dental Trauma Center, P.A. Effective Date: January 1, 2026
McAllen, Texas

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.

Our Commitment to Your Privacy

Root Canal & Dental Trauma Center, P.A. ("RCDT") is required by federal law under the Health Insurance Portability and Accountability Act (HIPAA) 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 currently in effect, and notify you if a breach occurs that may have compromised your information.

How We May Use and Disclose Your Health Information

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your dental care. This may include referring dentists, specialists, dental laboratories, pharmacies, radiology services, and other healthcare providers involved in your care.

2. Payment

We may use and disclose your PHI to obtain payment for services rendered, including insurance claims submission, pre-authorizations, coordination of benefits, billing services, and collections when necessary.

3. Healthcare Operations

We may use your PHI for healthcare operations such as quality assessment, staff training, licensing, compliance audits, fraud prevention, and business management activities.

4. Appointment Reminders and Communications

We may contact you by phone, text message, email, or patient portal for appointment reminders, treatment follow-up, and billing communications. You may request alternative communication methods.

5. Legal and Public Health Requirements

We may disclose PHI when required by law, including public health reporting, court orders, law enforcement requests (as permitted by law), government oversight activities, and workers' compensation claims.

6. Substance Use Disorder Records (If Applicable)

If your records include substance use disorder treatment information protected under federal law (42 CFR Part 2), additional restrictions may apply, and specific written consent may be required.

7. Reproductive Health Information Protections (2026 Update)

We will not use or disclose reproductive health information for the purpose of investigating or imposing liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive healthcare. When required, we may request a signed attestation before releasing such information.

Your Rights Regarding Your Health Information

1. Right to Access

You have the right to inspect or obtain a paper or electronic copy of your health records. Requests will be fulfilled within 30 days as required by law. Reasonable, cost-based fees may apply.

2. Right to Amend

You may request an amendment if you believe information in your record is incorrect or incomplete.

3. Right to an Accounting of Disclosures

You may request a list of disclosures made outside of treatment, payment, and healthcare operations.

4. Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your PHI. If you pay out-of-pocket in full for a service, you may request that we not disclose that information to your health insurer, and we will comply unless required by law.

5. Right to Confidential Communications

You may request that we contact you at a specific phone number, address, or email.

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

You have the right to receive a paper or electronic copy of this Notice at any time upon request.

Breach Notification

If a breach of unsecured PHI occurs, we will notify you without unreasonable delay and no later than 60 days after discovery, as required by law.

Our Responsibilities

We are required to maintain safeguards to protect your information, limit uses and disclosures to the minimum necessary, train workforce members on privacy compliance, and comply with all applicable HIPAA regulations. We reserve the right to revise this Notice and make the revised version effective for all PHI we maintain.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health & Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

Contact Information

Privacy Officer: Sandra Y. Manzanares Phone: (956) 215-7060 EXT. 103

Root Canal & Dental Trauma Center, P.A. Email: RCDTCENTER@GMAIL.COM

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