Lakehaven Family Dentistry

NOTICE OF PRIVACY PRACTICES

2490 W Crawford St, Denison, TX 75020 | Phone: (903) 463-1111 | Fax: (903) 463-1395
info@lakehavenfamilydentistry.com | www.lakehavenfamilydentistry.com

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.
This notice describes how health information about you may be used and disclosed and how you can obtain access to it. Please review it carefully.

Effective date: May 13, 2026

Covered entity: Lakehaven Dental PLLC, doing business as Lakehaven Family Dentistry

Privacy contact: Privacy Officer | (903) 463-1111 | info@lakehavenfamilydentistry.com

Your Rights

Get a copy of your records

You may ask to inspect or receive an electronic or paper copy of your dental and health record and other health information we maintain. We will respond within the time required by law and may charge a reasonable cost-based fee.

Ask us to correct your record

You may ask us to correct information that you believe is wrong or incomplete. We may deny the request in some circumstances, but we will explain the reason in writing.

Request confidential communications

You may ask us to contact you in a particular way or at a different address. We will accommodate reasonable requests.

Ask us to limit uses or disclosures

You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are not always required to agree. If you pay in full out of pocket for a service, you may ask us not to disclose that service to your health plan for payment or operations unless disclosure is required by law.

Receive an accounting of disclosures

You may request a list of certain disclosures made during the six years before your request. The list generally does not include disclosures for treatment, payment, health care operations, or disclosures you authorized.

Receive this notice

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

Choose a personal representative

A person with legal authority to act for you may exercise your privacy rights after we verify that authority.

File a complaint

You may complain to our Privacy Officer or to the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

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Your Choices

For certain information, you may tell us how you want it shared. Tell us your preference, and we will follow your instructions when the law allows.

- Sharing information with family members, close friends, or others involved in your care or payment for your care.
- Sharing information in a disaster-relief situation.
- Contacting you for fundraising. You may tell us not to contact you again.

We generally need your written authorization before using or disclosing your information for marketing, selling your information, or most uses of psychotherapy notes. You may revoke an authorization in writing, except to the extent we have already relied on it.

How We Typically Use or Share Information

Treatment

We may use your information and share it with dentists, physicians, laboratories, specialists, pharmacies, and other professionals involved in your care.

Payment

We may use and disclose information to bill you, obtain payment, verify coverage, submit claims, collect balances, and coordinate benefits.

Health care operations

We may use and disclose information to operate the practice, improve quality, train team members, conduct audits, manage risk, communicate with you, and evaluate services.

Appointment reminders and care communications

We may contact you about appointments, treatment recommendations, follow-up care, or health-related services that may be of interest to you.

Business associates

We may share information with vendors who perform services for us when appropriate agreements and safeguards are in place.

Other Permitted or Required Uses and Disclosures

- Public health and safety activities, such as disease reporting, product recalls, adverse-event reporting, abuse or neglect reporting, and preventing a serious threat to health or safety.
- Health oversight activities, audits, inspections, licensing, and investigations authorized by law.
- Workers compensation, law-enforcement requests, court or administrative orders, subpoenas, and other legal proceedings when legal requirements are met.
- Research when approved or otherwise permitted by law.
- Coroners, medical examiners, funeral directors, and organ or tissue donation organizations.
- Special government functions, including military, national-security, and protective-service activities.
- Any disclosure required by federal or Texas law.

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Specially Protected Information

Some information may receive additional protection under federal or Texas law. We will obtain any special authorization that is required before disclosing such information, unless an exception applies.

Substance use disorder records

To the extent we receive records protected by 42 CFR Part 2, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you unless you give written consent or a court order and subpoena satisfy applicable law.

Electronic communications

If you choose standard email, text messaging, voicemail, or other electronic communication, those methods may carry privacy or security risks. You may request a different communication method at any time.

Our Responsibilities

- We are required by law to maintain the privacy and security of protected health information.
- We will notify affected individuals as required if a breach compromises the privacy or security of information.
- We must follow the duties and privacy practices described in the notice currently in effect.
- We will not use or disclose information other than as described in this notice unless you authorize it in writing, and you may revoke that authorization in writing.
- We may revise this notice. A revised notice will apply to information we already maintain and information we receive in the future. The current notice will be available in our office and on our website.

Questions or Complaints

Contact the Privacy Officer at Lakehaven Family Dentistry, 2490 W Crawford St, Denison, TX 75020, (903) 463-1111, or info@lakehavenfamilydentistry.com. 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 exercising your rights.

Website availability: The current Notice of Privacy Practices should remain prominently available on the practice website and in the office.

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

2490 W Crawford St, Denison, TX 75020 | Phone: (903) 463-1111 | Fax: (903) 463-1395
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Patient Name: _____ Date of Birth: _____

I acknowledge that I was offered or received access to the Notice of Privacy Practices for Lakehaven Dental PLLC, doing business as Lakehaven Family Dentistry.

Please select one:

■ I received a paper copy. ■ I received electronic access. ■ I declined a copy.

Patient / Personal Representative Signature: _____

Printed Name: _____ Relationship to Patient: _____

Date: _____

Optional permission to discuss care

■ Do not discuss my treatment, appointments, billing, or other information with family members or friends.

■ I authorize the practice to discuss the following information with the person(s) listed below, subject to any limitations I state:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Limitations, if any: _____

Office use if acknowledgment was not obtained:

Good-faith effort made by: _____ Date: _____ Reason not obtained: _____