

Notice of Privacy Practices

Effective Date: August 1, 2026

Your information. Your rights. Our responsibilities.

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

Important information about this notice

This notice describes how health information about you may be used and shared, how you can obtain access to that information, and the responsibilities of Stephen Family Dentistry. Please review it carefully.

This notice applies to Stephen Family Dentistry, Dr Valentine Stephen, and the workforce members and service providers who are permitted to use protected health information on behalf of the practice.

Your rights

Get a paper or electronic copy of your records

You may ask to inspect or receive a paper or electronic copy of the dental and health information we maintain about you. We will explain how to make a request.

We generally provide a copy or summary within the period required by law. We may charge a reasonable, cost-based fee when permitted.

Ask us to correct your records

You may ask us to correct information that you believe is incorrect or incomplete. We may deny a 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, such as at a specific telephone number, or to send correspondence to a different address. We will accommodate reasonable requests.

Ask us to limit certain uses or disclosures

You may ask us not to use or share certain information for treatment, payment, or healthcare operations. We are not always required to agree, particularly when the restriction could affect your care.

If you pay in full out of pocket for a service, you may ask us not to disclose information about that service to your health plan for payment or healthcare operations. We will honor the request unless disclosure is required by law.

Receive an accounting of disclosures

You may ask for a list of certain disclosures of your health information made during the six years before your request. The list does not include every disclosure, such as routine disclosures for treatment, payment, or healthcare operations.

We will provide one accounting in a 12-month period without charge. A reasonable, cost-based fee may apply to additional requests.

Receive this notice and choose a representative

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

If a person is legally authorized to act for you, such as a guardian or a person holding an appropriate medical power of attorney, that person may exercise your privacy rights after we verify the authority.

File a complaint

You may contact our Office Manager if you believe your privacy rights have been violated. We will not retaliate against you for making a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201, by telephone at 1-877-696-6775, or through the HHS complaint portal.

Your choices

You may tell us your preferences about sharing relevant information with family members, close friends, caregivers, or others involved in your care or payment for your care.

If you cannot tell us your preference, we may share limited information when we believe it is in your best interests or when needed to reduce a serious and imminent threat to health or safety.

We will obtain your written authorization before using or sharing your information for marketing that requires authorization, selling your information, or other purposes for which authorization is required. You may revoke an authorization in writing, except to the extent we have already relied on it.

Stephen Family Dentistry does not sell patient health information.

How we typically use and share your information

Treatment and coordination of care

We may use your information to diagnose and provide dental care and may share relevant information with other professionals involved in your treatment.

This may include another dentist, dental specialist, physician, hospital, pharmacy, imaging provider, or other healthcare practitioner. Information shared may include clinical notes, medical and dental history, X-rays, photographs, treatment plans, referral information, and other information reasonably necessary to coordinate care.

We may send prescriptions to a pharmacy, obtain medical clearance, consult another healthcare professional, or refer you to a specialist.

At your written request, and as permitted by law, we may provide copies of your dental records to another dentist, healthcare practitioner, or person you designate.

Dental laboratories and treatment services

We may share the minimum information needed with dental laboratories, imaging services, and other treatment-related providers to prepare crowns, dentures, appliances, restorations, or other items used in your care.

Payment

We may use and share information to bill you, submit claims, obtain payment, verify coverage, coordinate benefits, or respond to questions from a dental benefit plan, insurer, Medicaid program, or other payer.

Healthcare operations

We may use and share information to operate the practice, improve quality, train staff, review treatment and services, manage records, conduct audits, perform compliance activities, and contact you when necessary.

We may share information with business associates that perform services for the practice, such as billing, information technology, records storage, legal, accounting, or practice-management support. These organizations must appropriately safeguard the information when required by law.

Appointment reminders and communications

We may contact you about appointments, treatment follow-up, care instructions, benefits, payment, or services related to your care. Tell us if you need communications sent in a particular way.

Other uses and disclosures permitted or required by law

We may use or share information for public health and safety activities, reporting suspected abuse or neglect, health oversight, workers' compensation, law-enforcement requests, judicial or administrative proceedings, coroners or medical examiners, disaster relief, research that meets legal requirements, and other purposes permitted or required by law.

We apply the conditions and limitations required by federal and Texas law before making these disclosures.

Substance use disorder treatment information

If we receive or maintain information from a substance use disorder treatment program covered by 42 CFR Part 2, we will use and disclose that information only as permitted by applicable law and any valid consent.

We will not use or disclose Part 2 records, or testimony describing those records, in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide written consent or disclosure is authorized by a qualifying court order and subpoena.

Our responsibilities

We are required by law to maintain the privacy and security of protected health information.

We use administrative, physical, and technical safeguards appropriate to our practice, including limiting access to workforce members who need information to perform their duties.

We will notify affected individuals as required if a reportable breach may have compromised the privacy or security of their information.

We must follow the duties and privacy practices described in the notice currently in effect.

We will not use or share your information other than as described in this notice unless you authorize us in writing or another law permits or requires the use or disclosure.

Changes to this notice

We may change this notice and make the revised terms apply to information we already hold as well as information we receive in the future. The current notice will be available at our office, upon request, and on our website.

Questions, concerns, or complaints

Office Manager, Stephen Family Dentistry

2037 S Buckner Blvd, Dallas, TX 75217

Telephone: (214) 398-2545

Email: office@stephenfamilydentistry.com

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