

# DELGADO ORTHODONTICS

## NOTICE OF PRIVACY PRACTICES

9293 Huntington Square • North Richland Hills, Texas 76182

Privacy Officer: Shelley Keeble • [skeeble@delgadoorthodontics.com](mailto:skeeble@delgadoorthodontics.com)

Effective Date: February 16, 2026

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### 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.

Delgado Orthodontics is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of Privacy Practices, and follow the terms currently in effect.

#### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

**Treatment** — We may use and share your information to provide, coordinate, or manage your orthodontic treatment and related dental care.

**Payment** — We may use and disclose your information to bill and receive payment from dental plans, insurance carriers, or other responsible parties.

**Health Care Operations** — We may use your information for office operations such as quality improvement, staff training, licensing, compliance, and administrative activities.

**Appointment Reminders & Communications** — We may contact you by phone, voicemail, text message, email, or mail regarding appointments, treatment, or billing.

**Individuals Involved in Your Care** — We may share relevant information with a parent, legal guardian, or others involved in care or payment when allowed by law.

**Required by Law** — We may disclose information when required by federal, state, or local law.

#### SUBSTANCE USE DISORDER (SUD) INFORMATION — 42 CFR PART 2

If Delgado Orthodontics receives records from a federally assisted substance use disorder (SUD) treatment program (also called a “Part 2 Program”) under a valid consent, those records may receive additional federal protections under 42 CFR Part 2.

When applicable:

- Part 2 records may be used or disclosed for treatment, payment, and health care operations as permitted by law.
- Some redisclosures may be restricted without additional patient consent unless otherwise allowed by law.
- These special protections apply only to records received from qualifying Part 2 Programs.

#### OTHER PERMITTED OR REQUIRED DISCLOSURES

- Public health activities and health oversight audits or investigations
- To prevent a serious threat to health or safety

- Workers' compensation claims
- Law enforcement, court orders, or legal processes as required

## **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

We will obtain your written authorization for uses and disclosures not described in this Notice, including most marketing uses. You may revoke an authorization at any time in writing, except to the extent action has already been taken.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

- Request access to or copies of your records (fees may apply).
- Request amendments (corrections) to your records.
- Request restrictions on certain uses or disclosures.
- Request confidential communications (for example, at a specific phone number or address).
- Receive an accounting of certain disclosures.
- Receive a paper copy of this Notice at any time.

## **OUR RESPONSIBILITIES**

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice and follow the terms currently in effect.
- Notify you if a breach occurs that may compromise the privacy or security of your information.
- Reserve the right to change this Notice; revised versions will be available in-office and upon request.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may contact the Privacy Officer at Delgado Orthodontics using the email above. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint.

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Acknowledgment of Receipt: You may be asked to sign an acknowledgment that you received this Notice.