# NOTICE OF PRIVACY PRACTICES

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.

When you receive treatment or benefits from any Department of State Health Services (DSHS) facility or program, we receive, create, and maintain information about your health, treatment, and payment for services. We will not use or disclose your information without your written authorization except as described in this notice.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information without your authorization for treatment, payment, and health care operation purposes. Examples include but are not limited to:

• Sharing your health information with other health care providers involved in your treatment or with a pharmacy that is filling your prescription.

• Using or sharing your health information with your health plan to obtain payment for services or to determine your eligibility for government benefits.

• Using or sharing your health information for business operations, including evaluating provider performance, educating health professionals, and general administrative activities.

We may share your health information with our business associates who need the information to perform services on our behalf and who agree to protect the privacy and security of your health information according to agency standards.

We may also use or disclose your health information without your authorization for the following purposes, as permitted by law and agency policy:

• Patient Directory, Family, or Emergency Situations: We may use or share your health information for our patient directory, with family or friends involved in your care, or with disaster relief agencies to notify your family or friends of your location and status in an emergency.

• Public Health Activities: Reporting diseases, injuries, births, or deaths to public health authorities or medical device issues to the FDA.

• Workers’ Compensation & Legal Compliance: To comply with workers’ compensation laws and legal investigations.

• Judicial and Law Enforcement Requests: Responding to subpoenas, identifying or locating suspects or missing persons.

• As Otherwise Required by Local, State, or Federal Law.

## YOUR PRIVACY RIGHTS No info opt -in will be shared with any marketing company

no mobile opt-in will be shared with third parties for marketing purposes.

## YOUR PRIVACY RIGHTS

Although your health record is the property of DSHS, you have the right to:

• Inspect and Copy Your Health Information.

• Receive Confidential Communications.

• Request Amendments to Your Records.

• Request an Accounting of Disclosures.

• Request Restrictions on Disclosures.

• Obtain a Paper Copy of This Notice.

To make any of the above requests, contact the DSHS Privacy Officer:

📞 Phone: (512) 776-7111 or (888) 963-7111

📧 Email: hipaa.privacy@dshs.texas.gov

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by contacting:

• DSHS Consumer Services and Rights Protection/Ombudsman Office

 📍 Mail: Mail Code 2019, P.O. Box 149347, Austin, TX 78714-9347

 📞 Phone: (512) 206-5760 or (800) 252-8154 (toll-free)

• Office for Civil Rights, Region VI, U.S. Department of Health and Human Services

 📍 Mail: 1301 Young St., Suite 1169, Dallas, Texas 75202

 📞 Phone: (800) 368-1019

We will not retaliate against you for filing a complaint.

## FAWZI A. HIJAZI, DDS

📍 235 E Hildebrand Ave, San Antonio, TX 78212

2109105605