

NOTICE OF PRIVACY PRACTICES

**Dr. Terry Lassiter, DDS
dba. Alpha Omega Dental**

THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL 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

Dr. Terry Lassiter (“we,” “our,” or “the Practice”) is committed to protecting the privacy of your protected health information (PHI). PHI is information that may identify you and relates to your past, present, or future physical or mental health condition, the provision of dental care to you, or payment for that care.

We are required by law to:

- Maintain the privacy of your PHI
 - Provide you with this Notice of our legal duties and privacy practices
 - Follow the terms of the Notice currently in effect
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How We May Use and Disclose Your Health Information

1. Treatment

We may use or disclose your PHI to provide, coordinate, or manage your dental care and related services. This includes sharing information with dentists, hygienists, dental assistants, specialists, laboratories, and other healthcare providers involved in your care.

2. Payment

We may use or disclose your PHI to obtain payment for services provided to you. This may include billing and collection activities and sharing information with insurance companies, dental benefit plans, or other responsible parties.

3. Healthcare Operations

We may use or disclose your PHI for practice operations such as quality assessment, staff training, credentialing, licensing, auditing, and business planning.

Other Permitted or Required Uses and Disclosures

We may use or disclose your PHI without your authorization in the following circumstances:

- **As Required by Law** – Including compliance with laws, regulations, court orders, or legal proceedings.
 - **Public Health Activities** – To prevent or control disease, injury, or disability.
 - **Health Oversight Activities** – For audits, investigations, and inspections by government agencies.
 - **Abuse or Neglect** – To report suspected abuse, neglect, or domestic violence.
 - **Law Enforcement** – For law enforcement purposes as required or permitted by law.
 - **To Avert a Serious Threat** – To prevent a serious threat to your health or safety or that of others.
 - **Workers' Compensation** – As authorized by law for workers' compensation or similar programs.
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Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent that we have already acted based on your authorization.

Notice Regarding Substance Use Disorder Records

Substance Use Disorder (SUD) Records — Special Confidentiality Protections

Some information we receive about you may include records related to substance use disorder diagnosis, treatment, or referral that are protected under federal law (42 CFR Part 2) in addition to HIPAA. Federal law provides special confidentiality protections for this information, and our office will follow those protections as required by law.

Uses and Disclosures of SUD Records

- If we receive SUD treatment records covered by 42 CFR Part 2, we may use or disclose those records only as permitted by federal law and with appropriate consent, except in very limited circumstances as required by law.
- Part 2 records may not be disclosed for any civil, criminal, administrative, or legislative proceeding against you unless:
 - you have provided a valid written consent for that use or disclosure; or
 - a court orders disclosure after providing notice to you or your representative and an opportunity to be heard in court.

Your Rights and Restrictions

- You have rights with respect to SUD records that are more restrictive than under HIPAA alone. This may include the requirement of specific written consent for certain uses or disclosures that HIPAA would otherwise permit without authorization.
- You have the right to refuse to provide consent for uses or disclosures of Part 2 records and the right to revoke consent as allowed by law.

We will maintain the privacy of such SUD records in accordance with applicable federal law, including 42 CFR Part 2 and HIPAA, and will provide this Notice to you at your first visit and upon significant changes to our privacy practices.

Your Rights Regarding Your Health Information

You have the right to:

- **Inspect and Copy** your PHI (with certain limited exceptions)
 - **Request an Amendment** to your PHI if you believe it is incorrect or incomplete
 - **Request Restrictions** on certain uses or disclosures (we are not required to agree to all requests)
 - **Request Confidential Communications**, such as being contacted at a specific phone number or address
 - **Receive an Accounting of Disclosures** of your PHI
 - **Receive a Paper Copy** of this Notice at any time, even if you have agreed to receive it electronically
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Changes to This Notice

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all PHI we maintain. The revised Notice will be available upon request and posted in the office and/or on our website.

Complaints

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

To file a complaint or for more information, please contact:

Privacy Officer: Dr. Terry Lassiter
Practice Name: Dr. Terry Lassiter dba. Alpha Omega Dental
Phone: (201) 216-0011 | Address: 211 Sun Valley Rd, Hewitt, TX 76643-3571

You may also contact:

Secretary of the U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Privacy Policy Updated: 2/16/2026

This Notice of Privacy Practices applies to all records of your care maintained by Dr. Joseph Buchalski.
