

**SLEEPRIGHT MCKINNEY**  
**NOTICE OF PRIVACY PRACTICES**

**Effective January 1, 2026**

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

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information (“IIHI”) used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. HIPAA gives the patient significant new rights to understand and control how your health information is used. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your IIHI information and how we may disclose your IIHI information. The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location, and you may request a copy of our most current Notice at any time. We may use and disclose your medical records only for each of the following purposes:

1. Treatment, Payment, and Healthcare Operations
  - Treatment means providing, coordination or managing healthcare related services by one or more healthcare providers. An example of this would include teeth cleaning services.
  - Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
  - Healthcare Operation includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, and cost management analysis and customer service. An example would be an internal quality assessment review.
2. Pursuant to an individual’s written authorization that meets HIPAA criteria (i.e. specifying who is to receive the IIHI)
3. As required for compliance with the HIPAA Administrative Simplification Rules.
4. Use and disclosure of PHI is permitted under this policy to conduct the following activities:
  - Quality assessment and improvement
  - Professional credentialing
  - Medical and utilization review
  - Legal services
  - Auditing
  - Business planning and market research
  - Grievance procedures
  - Due diligence analysis related to sales and acquisitions
  - Creation of de-identified information and limited data sets
  - Customer service
  - Patient directories
  - Compliance monitoring

We may also create and distribute re-identified health information by removing all references to individually identifiable information. Further, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The following categories describe the unique scenarios under which we may use or disclose your IIHI:

**Public Health Risks-** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purposes of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury, or disability
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**Special Protections for SUD Records-** Substance Use Disorder (SUD) Treatment records have enhanced protections. They cannot be used in legal proceedings without your consent or court order.

**Health Oversight Activities-** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections and audits, surveys, licensure and disciplinary action; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**Additional Restrictions on Use and Disclosure-** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing reproductive rights, alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

- HIV/AIDS
- Mental health
- Genetic tests (in accordance with GINA 2009)
- Alcohol and drug abuse
- Sexually transmitted diseases and reproductive health information
- Child or adult abuse or neglect, including sexual assault

**Lawsuits and Similar Proceeding-** Our practice may use and disclose your IIHI in response to court or administrative order if you are involved in a lawsuit or similar proceeding. We may also disclose your IIHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**Law Enforcement-** We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death, we believe has resulted from criminal conduct
- Regarding criminal conduct at our office
- To identify/locate a suspect, material witness, fugitive, or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator.)

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

**Individual Rights-** You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the privacy officer. **[The privacy officer is Jane Lawrence and she may be reached at 972-542-8400]**

1. The right to request restrictions on certain uses and disclosures of health information. Please note we are not required to agree with your request. For example, you may designate family members, relatives, close personal friends or any other person identified by you to receive disclosure and /or specify persons who will not receive any health information.
2. The right to reasonably request to receive confidential communications of protected health information from us in a particular manner or at a specified location. For example, you may request that we contact you only at home and not work, for appointment reminders or any other communication.
3. The right to inspect and copy your protected health information.
4. The right to amend your protected health information that you believe is incorrect or incomplete, by following specific procedures set forth in HIPAA. We may deny your request in certain situations, e.g., the information is accurate or was provided by a third party, such as a laboratory.
5. The right to receive an accounting of certain disclosures of protected health information upon written request and by meeting the conditions set forth in HIPAA.
6. The right to obtain a paper copy of the Notice.

**Right to File a Complaint-** If you believe your privacy rights have been violated, you may file a complaint with our practice or with Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Jane Lawrence at 972-542-8400. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

Your private health information cannot be sold. You have the right to opt out of being contacted about fundraising. You have the right to restrict our practice from disclosing your out-of-pocket expenses. You have the right to limit our practice from disclosing genetic information. We are required by law to maintain the privacy of protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information.

**For more information about HIPAA:**

Office of Civil Rights	McKinney Smiles	Privacy Officer
200 Independence Ave. S.W.	2780 Virginia Pkwy #201	Jane Lawrence
Washington, D.C. 20201	McKinney, TX 75071	972-542-8400
202-619-0257	972-542-8400	

Print Name (Patient or Guardian): \_\_\_\_\_

Signature (Patient or Guardian): \_\_\_\_\_

Date: \_\_\_\_\_