KZJ PLLC / Savannah Lakes Family Dental & Orthodontist

NOTICE OF PRIVACY PRACTICES

Effective February 16, 2026

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

Your Information. Your Rights. Our Responsibilities.

This Notice explains how we may use and disclose your protected health information (PHI), your rights regarding that information, and our responsibilities under applicable privacy laws.

Your Rights

Get an electronic or paper copy of your record

You may ask to see or obtain an electronic or paper copy of your dental/medical record and other health information we maintain about you. We will generally provide a copy or summary within the time required by law and may charge a reasonable, cost-based fee when permitted.

Ask us to correct your record

You may ask us to correct health information that you believe is incorrect or incomplete. We may deny the request in certain circumstances, but we will explain the denial in writing as required by law.

Request confidential communications

You may ask us to contact you in a specific way, such as at a particular phone number, or to send mail to a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are not always required to agree. If you pay in full out-of-pocket for a service or item, you may ask us not to disclose that information to your health plan for payment or health care operations, unless disclosure is required by law.

Get an accounting of certain disclosures

You may ask for a list of certain disclosures of your health information for the six years before your request. The accounting does not include every type of disclosure, including many disclosures for treatment, payment, and health care operations.

Get a copy of this Notice

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Choose someone to act for you

If a person has legal authority to act as your personal representative, that person may exercise your privacy rights on your behalf after we verify the authority.

File a complaint

You may complain to us if you believe your privacy rights have been violated. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. Depending on the circumstances, you may have a choice about sharing information with family, friends, or others involved in your care or payment for your care, and about sharing information for disaster-relief purposes. If you cannot tell us your preference, we may share information when permitted by law and when we believe it is in your best interest or necessary to reduce a serious and imminent threat.

We will obtain your written authorization when required by law, including for most uses or disclosures of psychotherapy notes, marketing, or the sale of PHI. If fundraising applies, you may tell us not to contact you again.

How We Typically Use or Share Your Health Information

Treat you

We may use your health information and share it with other health professionals involved in your treatment. For example, we may share relevant information with a specialist to coordinate your dental care.

Run our organization

We may use and disclose health information to operate our practice, improve quality of care, manage services, train staff as permitted, and contact you when necessary.

Bill for your services

We may use and disclose your health information to bill and obtain payment from health plans or other responsible parties.

Other Uses and Disclosures Permitted or Required by Law

Subject to applicable legal requirements and limitations, we may use or disclose health information for public health and safety activities; health research; compliance with federal or state law; organ and tissue donation; coroners, medical examiners, and funeral directors; workers' compensation; law enforcement; health oversight; special government functions; and court, administrative, or other legal proceedings.

Substance Use Disorder (SUD) Records

To the extent we receive or maintain substance use disorder patient records protected by 42 CFR Part 2, additional protections apply. We will not use or disclose those Part 2 records in civil, criminal, administrative, or legislative investigations or proceedings against you unless permitted by applicable law, including with your written consent or when authorized by an appropriate court order and subpoena. If fundraising communications would use Part 2 information, you will receive clear notice and a choice regarding those communications.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the Notice currently in effect and make a copy available to you.
- We will not use or disclose your information other than as described in this Notice unless you authorize us in writing or another use or disclosure is permitted or required by law. You may revoke an authorization in writing, subject to applicable limitations.

Changes to This Notice

We may change the terms of this Notice, and the changes may apply to all health information we maintain about you. A current Notice will be available upon request, at our office, and through any practice website where posting is required.

Questions or Complaints

Privacy Officer: Ahmad Jafri, DDS
Practice: KZJ PLLC / Savannah Lakes Family Dental & Orthodontist
Phone: 281-385-8385
Email: Info@savannahlakesfamilydental.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775. We will not retaliate against you for filing a complaint.

Practice review note: Customized from the February 2026 HHS model NPP for HIPAA-covered health care providers. The practice should have its compliance/legal advisor confirm any additional Texas-specific privacy provisions or special practice activities requiring additional language.