



SIGNATURE SMILES

Family, Pediatric, and Orthodontic Dentistry

Notice of Electronic Disclosure

Notice of Electronic Disclosure of Protected Health Information

If Signature Smiles obtains or creates information about your health, our office is required by law to protect the privacy of your information. Protected Health Information (PHI) includes any information that relates to:

- Your past, present, or future physical or mental health or condition;
- Health care provided to you; and,
- Past, present, or future payment for your health care.

Signature Smiles may not disclose your PHI electronically without your authorization unless allowed by law. For example, we may share your PHI through approved, secure electronic methods for the purpose of treatment, payment for health care services, or health care operations such as case management or care coordination.

Signature Smiles may also need to share your PHI electronically for public health purposes such as preventing and controlling the spread of infectious diseases or for certain disaster relief efforts.

For a complete list of reasons that Signature Smiles is allowed by law to share your PHI, please refer to our Notice of Privacy Practices.

If you believe Signature Smiles has violated the obligations described in this notice, you have the right to file a complaint with our Privacy Officer or with the Texas Attorney General's Office.