

NOTICE OF PRIVACY PRACTICES FOR **KRAUS ORTHODONTICS**

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.

Our Responsibilities

Kraus Orthodontics is required by law to:

- Maintain the privacy and security of your protected health information (PHI)
 - Provide you with this Notice of our legal duties and privacy practices
 - Notify you if a breach occurs that may compromise your information
 - Follow the terms of this Notice currently in effect
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How We May Use and Disclose Your Information

Treatment

We may use your health information to provide, coordinate, or manage your orthodontic care.

Payment

We may use and disclose your information to bill and receive payment from health plans or other entities.

Healthcare Operations

We may use your information to operate our practice, improve patient care, and contact you when necessary.

Other Uses and Disclosures

We may also share your information:

- With your written authorization
- As required by law
- For public health and safety concerns
- For health oversight activities
- For legal or administrative proceedings
- For law enforcement purposes
- To prevent a serious threat to health or safety

Substance Use Disorder (SUD) Records

Certain records may be protected under federal law (42 CFR Part 2) governing Substance Use Disorder (SUD) information.

If we maintain or receive SUD-related records:

- These records have enhanced confidentiality protections
- We will not use or disclose SUD records without your written consent, except where permitted by law

- Your consent must specify the recipient and purpose
- You may revoke consent at any time (except where already acted upon)

Limited disclosures without consent may include:

- Medical emergencies
- Research (with appropriate safeguards)
- Audits and program evaluations
- Court orders that comply with federal law

Redisclosure Notice:

Any SUD-related disclosure is accompanied by a prohibition on further disclosure unless permitted by law.

Your Rights

You have the right to:

- Inspect and obtain a copy of your records
 - Request corrections
 - Request confidential communications
 - Request restrictions on certain uses/disclosures
 - Receive a list of disclosures
 - Obtain a paper copy of this Notice
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Uses Requiring Authorization

We will obtain your written authorization for:

- Marketing purposes
 - Sale of protected health information
 - Certain disclosures of SUD records
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Changes to This Notice

We reserve the right to update this Notice at any time. Updated versions will apply to all information we maintain.

Complaints

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

Contact Information

Kraus Orthodontics
[1256 W. Exchange Pkwy Ste 300, Allen TX 75013
[469-619-9959]
[Dr. Collin Kraus DDS MS]

