



Ward Family Dental,
P.C.

Gentle Hi-Tech Comfort

David Ward, PLLC- Notice of Privacy Practices

Effective: February 2026

We protect your Protected Health Information (PHI), including Substance Use Disorder (SUD) treatment records, in compliance with HIPAA, HITECH, and the 2026 HIPAA Final Rule.

-How we use your information

We may use or share your PHI to:

- Treat you- Coordinate your dental care.
- Bill for services- work with insurance or other payers.
- Run our practice- improve care, train staff, meet legal requirements.
- Follow the law- public health reporting, legal orders.
- Fundraising- we may contact you, but you can opt out anytime.
- With your written consent- for any other purpose, including marketing or sale of PHI.

-Special rules for SUD records

- Protected by 42 CFR part 2
- Shared only with your written consent, except in limited legal or emergency cases.
- You can revoke consent at any time in writing.

-Your Rights (2026 Updated)

You can:

- Access your records within 15 days (paper or electronic).
- Request corrections to your PHI.
- Direct us to send your records to another provider or third party.
- Limit sharing of your information, including SUD records.
- Get a list of non-treatment disclosures.
- As for private communications (different phone/address).
- Opt out of fundraising easily- instructions in every message.
- Receive this notice anytime in paper or electronic form.

Flip over

-Our Responsibilities

- Keep your PHI and SUD records secure.
- Notify you within 60 days if a breach occurs.
- Never sell your PHI without your written consent.
- Follow this notice unless you give written permission to do otherwise.

-Questions or Concerns?

Privacy officer: Jennifer Ramirez

Phone: (432) 267-1677

Email: jennifer_r@davidwarddds.com

Address: 1500 Scurry, Big Spring, TX 79720

You may also file a complain with the U.S. Department of Health and Human Services.
We will not retaliate against you.

I have been given this notice, and have read and understand the information provided.

Patient Signature:

Date: