

# Pampa Dental Arts, PLLC - Notice of Privacy Practices

Pampa Dental Arts, PLLC  
2427 N. Hobart  
Pampa, Texas 79065  
(806) 665-0921  
Effective Date: February 16, 2026

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

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Get an electronic or paper copy of your dental record: You can ask to see or get an electronic or paper copy of your dental record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your dental record: You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Request confidential communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it could affect your care. If you pay for a service or dental item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- Get a list of those with whom we've shared information: You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- Choose someone to act for you: If someone is your legal guardian or has medical power of attorney, that person can exercise your rights. We will verify their authority before taking action.
- File a complaint if you feel your rights are violated: You can complain by contacting our Privacy Official at the info listed at the end of this document. You can 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 can tell us your choices about what we share. Tell us what you want us to do, and we will follow your instructions.

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In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

Note: If you are unable to tell us your preference (e.g., if you are unconscious), we may share your information if we believe it is in your best interest or to lessen a serious and imminent threat to health or safety.

In these cases, we NEVER share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

Fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures**

How do we typically use or share your health information?

- Treat you: We can use your health information and share it with other professionals who are treating you. Example: Our dentist may share your information with a specialist (like an oral surgeon or periodontist) for a referral.
- Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?

We are allowed or required to share your information in other ways that contribute to the public good. We must meet many legal conditions before sharing for these purposes:

- Help with public health and safety issues (preventing disease, reporting adverse reactions, reporting suspected abuse/neglect).
- Comply with the law.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

Special Note on Substance Use Disorder Records: To the extent that Pampa Dental Arts PLLC has substance use disorder patient records subject to 42 CFR Part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly 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 this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by notifying us in writing.

## **Pampa Dental Arts, PLLC - Notice of Privacy Practices**

### **Contact Information**

Pampa Dental Arts PLLC Privacy Official: Christopher Mohr DDS

Email: [info.pampadentalarts@gmail.com](mailto:info.pampadentalarts@gmail.com)

Phone: 806-665-0921

Address: 2427 N. Hobart St. Pampa, TX 79065

Changes to the Terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.