



Notice of Electronic Disclosure

Notice of Electronic Disclosure of Protected Health Information

If Dr. Chance Litton obtains or creates information about your health, Litton Family Dental 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.

Dr. Litton may not disclose your PHI electronically without your authorization unless allowed by law. For example, Dr. Litton 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.

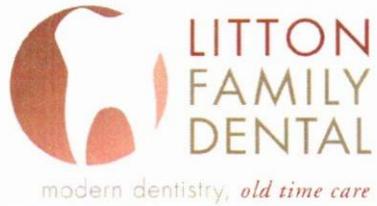
Dr. Litton may also need to share your PHI electronically for public health purposes such as preventing and controlling the spread of infectious diseases or for certain disaster relief efforts.

For a complete list of reasons that Dr. Litton is allowed by law to share your PHI, please refer to Litton Family Dental's Notice of Privacy Practices.

Mobile information will not be shared with third parties or affiliates for marketing or promotional purposes. Exceptions include text messaging originator opt-in data and consent; this information will not be shared with third parties.

To stop receiving future communications, you can opt out by texting STOP, QUIT, END, REVOKE, OPT OUT, CANCEL, or UNSUBSCRIBE.

If you believe Dr. Litton 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.



Social Media Use and Consent

Consent to Use and Disclose Treatment Information and Photographs for Social Media Purposes

We value our patients' right to privacy and confidentiality, and we take our responsibilities under HIPAA and the Texas Medical Records Privacy Act very seriously. The practice exercises great care in the use of patient images and patient identities to promote the practice via social media. Specifically, we pledge not to disclose or discuss:

- Your past, present, or future physical or dental health or condition;
- Discriminatory or potentially negative information of a personal or professional nature, and
- Past, present, or future payment for your health care.

By signing below, you grant our office permission to use an approved photograph of yourself along with a brief approved description for promotional purposes via social media.

You understand that this authorization may be revoked at any time merely by notifying our office that you wish us to discontinue using your photograph(s) and brief description(s) for promotional purposes.

Finally, your willingness to participate in social media promotion will have no effect on the treatment you receive from our office and staff. If you decline to allow us to use your photograph(s) and description(s), your treatment or experience as a patient of our practice will not be affected.

Patient Signature _____

Printed Name _____

Date Signed _____