

NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice please contact our Privacy Officer or any staff member in our office.

Practice Privacy Officer: _____ Contact Number: _____

External HIPAA Privacy and Security Resource: David Wornica, CHPSE. Contact number: 469-342-8300 ext. 628.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) under federal HIPAA law, and your medical information under California's Confidentiality of Medical Information Act (CMIA). It explains your rights, our responsibilities, and how federal and California law work together to protect your privacy.

We are required by both federal and California law to maintain the privacy of your information, to provide you this Notice, and to abide by its terms. We may change the terms of this Notice at any time. The new Notice will be effective for all information we maintain. You may obtain a revised Notice by visiting our office, requesting one by mail, or accessing our website.

A. USES AND DISCLOSURES OF INFORMATION

USES AND DISCLOSURES BASED ON YOUR IMPLIED CONSENT

When you receive care in our office, you imply consent for us to use and disclose your information for the following purposes. These uses are permitted under HIPAA and CMIA.

Treatment: We may use and disclose your information to provide, coordinate, or manage your dental or medical care. For example:

- Sharing X-rays and chart notes with a dental specialist for consultation.
- Sending impressions or treatment specifications to a dental laboratory.
- Communicating with pharmacists about prescribed medications.
- Coordinating follow-up care with another health care provider.

CMIA Note: California law requires us to disclose only the minimum necessary information needed to accomplish the purpose.

Payment: We may use and disclose your information to obtain payment for services. This includes:

- Submitting claims to your dental or health plan.
- Verifying coverage and eligibility with your insurer.

- Providing documentation for prior authorizations (e.g., crowns, implants).
- Responding to utilization review requests.

Example: To secure coverage for a procedure, we may send your dental plan the diagnosis, procedure codes, and supporting X-rays.

Health Care Operations: We may use and disclose your information to support our practice's administrative, educational, and quality functions. Examples include:

- Reviewing clinical outcomes for quality improvement.
- Staff training and professional development.
- Licensing, accreditation, and compliance activities.
- Using a patient sign-in sheet in the reception area.
- Calling your name in the waiting room.

Example: We may disclose limited information to interns or dental residents receiving training in our office.

Business Associates: We may disclose your information to third-party "Business Associates" that perform functions on our behalf, such as billing, transcription, IT support, or secure cloud storage. Business Associates are legally required by HIPAA and CMIA to safeguard your information.

Appointment Reminders and Communication: We may contact you by phone, text, email, or mail to remind you of appointments, discuss treatment, or provide information about health-related services. You may request alternative means of communication.

USES AND DISCLOSURE REQUIRING YOUR WRITTEN AUTHORIZATION

Certain uses require your written authorization under HIPAA and CMIA. These include:

- Marketing communications not face-to-face.
- Sale of your information.
- Most disclosures of psychotherapy notes.
- Disclosures to employers or third parties not directly involved in your care.

You may revoke your authorization at any time in writing, except where we have already relied on it.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

In some cases, you may be asked if you agree or object to a disclosure:

- **Family Members and Others Involved in Care:** Unless you object, we may share information with a spouse, partner, family member, or friend involved in your care or payment.
- **Disaster Relief:** We may disclose limited information to authorized organizations assisting with disaster response.

If you are unavailable, we may use our professional judgment to decide what is in your best interest.

USES AND DISCLOSURES WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use or disclose your information without consent in the following situations:

- **Required by Law:** When federal or state law requires disclosure.
- **Public Health:** To prevent or control disease, report adverse events, or notify persons at risk of exposure.
- **Abuse or Neglect:** To report child, elder, or dependent adult abuse or neglect.
- **Health Oversight:** For audits, investigations, or inspections by government agencies.
- **Legal Proceedings:** In response to a court or administrative order, or in certain cases, a lawful subpoena.
- **Law Enforcement:** For limited purposes such as locating a suspect, reporting a crime, or emergencies.
- **Coroners and Medical Examiners:** For identification or cause of death.
- **Organ Donation:** To organ procurement organizations when appropriate.
- **Workers' Compensation:** To comply with workers' compensation or similar programs.
- **National Security and Military:** For authorized national security, intelligence, or military purposes.

CMIA Note: California law places stricter limits on disclosures to employers and requires patient authorization for many third-party disclosures that HIPAA alone might permit.

B. YOUR RIGHTS

You have rights under both HIPAA and CMIA. These include:

1. **Inspect and Copy:** You may review or get a copy of your records. Federal law prohibits access to certain psychotherapy notes and litigation records.
2. **Request Restrictions:** You may ask us not to use or disclose certain information. We are not required to agree, except when disclosure would be to a health plan for a service you paid for entirely out-of-pocket.
3. **Confidential Communications:** You may request that we contact you by alternative means or at an alternative location (e.g., mail to a P.O. Box).
4. **Amendment:** You may request an amendment if you believe your records are incorrect or incomplete. If denied, you may submit a statement of disagreement.
5. **Accounting of Disclosures:** You may request a list of certain disclosures we made in the past six years, excluding those for treatment, payment, or operations.
6. **Paper Copy:** You may request a paper copy of this Notice, even if you received it electronically.
7. **Breach Notification:** You will be notified if a breach of your information occurs. Under CMIA, we must also notify the California Department of Public Health and, in certain cases, the media.
8. **Private Right of Action (California only):** Under CMIA, you may bring a lawsuit for statutory damages if your information is improperly disclosed, even if you suffered no financial harm.

C. OUR RESPONSIBILITIES

- We are required by HIPAA and CMIA to maintain the privacy and security of your information.
- We will notify you if your information is compromised by a breach.

- We will not use or disclose your information other than as described here without your written authorization.
- We will follow the more stringent rule where HIPAA and CMIA differ.

D. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

- **Our Office:** Contact our Privacy Officer in writing at the business address.
- **U.S. Department of Health and Human Services, Office for Civil Rights (OCR).**
- **California Department of Public Health (CDPH).**

You may complain to us or the Secretary of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer in writing at our office address. Our website may offer additional information about the complaint process.

This notice was published and becomes effective on October 1, 2025.