NOTICE OF PRIVACY PRACTICES

Redwood City Smile Dental
Dr. Elizabeth B. Nguyen, DDS

Effective Date: [Insert date this notice is adopted]

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.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

At Redwood City Smile Dental, we understand that your dental and medical information is personal and confidential. We are committed to protecting your privacy and maintaining the confidentiality of your Protected Health Information (PHI).

This Notice of Privacy Practices explains how we may use and disclose your health information, your rights regarding that information, and our legal responsibilities under the Health Insurance Portability and Accountability Act (HIPAA) and applicable California privacy laws.

1. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your Protected Health Information.

A. Right to Access and Obtain Copies of Your Records

You have the right to inspect and obtain a copy of your dental and medical records, including records maintained electronically.

You may request copies of:

- Dental examination records.
- Treatment plans and clinical notes.
- Dental radiographs and photographs.
- Medical and dental histories.
- Insurance and billing records.
- Other health information maintained by our office.

To request copies, submit a written request to our office.

We may charge a reasonable, legally permitted fee for copying and processing records.

We generally respond to HIPAA access requests within 30 days, subject to applicable legal requirements and permitted extensions.

B. Right to Request Corrections

If you believe information in your dental or medical records is incorrect or incomplete, you may request that we correct or amend it.

Your request must be submitted in writing and explain the reason for the requested correction.

We may deny a request under certain circumstances permitted by law. If we deny your request, we will provide a written explanation and inform you of your right to submit a statement of disagreement.

C. Right to Request Confidential Communications

You may request that we communicate with you through a specific method or at a particular location.

For example, you may request that we:

- Contact you using your mobile phone instead of your home phone.
- Send correspondence to a different mailing address.
- Avoid leaving detailed messages on voicemail.
- Contact you through a specific communication method.

We will accommodate reasonable requests as required by law.

D. Right to Request Restrictions

You may request that we limit how we use or disclose your health information for treatment, payment, or healthcare operations.

We are not required to agree to every restriction request. However, if we agree, we will follow the restriction except when disclosure is required by law or necessary for certain emergency circumstances.

Special right for self-pay patients:

If you pay for a healthcare service or item entirely out of pocket, in full, you may request that we not disclose information about that service or item to your health insurance company for payment or healthcare operations purposes.

We are generally required to honor this request unless disclosure is otherwise required by law.

E. Right to Request an Accounting of Disclosures

You may request a list of certain disclosures of your health information made by our office during the six years before your request.

This list is called an Accounting of Disclosures.

It generally does not include disclosures made for:

- Treatment.
- Payment.
- Healthcare operations.
- Disclosures made directly to you.
- Disclosures authorized by you.

- Other disclosures excluded by law.

You may request one accounting within a 12-month period at no charge. Additional requests may be subject to a reasonable, legally permitted fee.

F. Right to Receive a Copy of This Notice

You have the right to receive a paper copy of this Notice of Privacy Practices at any time, even if you previously agreed to receive it electronically.

You may request a copy from our office or access the latest version through our website.

G. Right to Choose Someone to Act on Your Behalf

If you have legally authorized another person to act on your behalf, such as a legal guardian or person holding valid healthcare power of attorney, that individual may exercise your privacy rights as permitted by law.

We will verify the individual's legal authority before providing access to your health information.

H. Right to File a Privacy Complaint

If you believe your privacy rights have been violated, you have the right to file a complaint with our office or the U.S. Department of Health and Human Services.

We will not retaliate against you for filing a complaint.

Instructions for submitting a complaint are provided in Section 8 of this notice.

---

2. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following sections describe the ways we may use or disclose your Protected Health Information without obtaining your written authorization, as permitted or required by law.

A. For Treatment

We may use and disclose your health information to provide, coordinate, or manage your dental care.

Examples include:

- Sharing dental radiographs with a dental specialist.
- Sending treatment information to another dentist involved in your care.
- Coordinating referrals for oral surgery, periodontal treatment, or other specialized dental services.
- Consulting with other healthcare professionals regarding your treatment.

B. For Payment

We may use and disclose your health information to obtain payment for dental services.

Examples include:

- Verifying dental insurance eligibility and benefits.
- Submitting dental insurance claims.
- Requesting treatment pre-estimates.
- Providing clinical documentation to insurance companies.
- Processing patient payments and outstanding balances.

C. For Healthcare Operations

We may use and disclose your health information to operate and manage our dental practice.

Examples include:

- Reviewing treatment quality and patient care.
- Training authorized employees.
- Managing appointments and patient communications.
- Maintaining dental records.
- Conducting internal audits.
- Improving office operations.
- Working with authorized billing, scheduling, and technology service providers.

D. With Business Associates

We may share your health information with companies that provide services on our behalf.

These companies are known as Business Associates.

Examples may include:

- Dental practice management software providers.
- Electronic record storage providers.
- Billing and insurance processing companies.
- Online appointment scheduling providers.
- Patient communication and messaging providers, including RevenueWell.
- Technical support and data security providers.

These providers may access, use, or disclose information only as permitted by applicable law and their contractual obligations.

Where required, we enter into Business Associate Agreements (BAAs) to ensure that your information is appropriately protected.

E. Appointment Reminders and Patient Communications

We may use your contact information to communicate with you about your dental care.

Communications may include:

- Appointment confirmations.
- Appointment reminders.
- Scheduling changes.
- Treatment follow-up.
- Information about services related to your care.
- Billing and insurance communications.

We may communicate through telephone calls, voicemail, email, text messages, or other permitted methods.

You may request confidential communication preferences as described in Section 1.

F. Individuals Involved in Your Care

We may disclose relevant health information to family members, friends, caregivers, or other individuals involved in your dental care or payment for your treatment when permitted by law.

We will generally give you an opportunity to agree or object to these disclosures.

If you are unable to communicate your preference due to an emergency or other circumstances, we may disclose information when permitted by law and when professional judgment determines that doing so is in your best interest.

G. As Required by Law

We may disclose your health information when required by federal, state, or local law.

We will limit disclosures to what is legally required.

---

3. OTHER PERMITTED USES AND DISCLOSURES

We may also use or disclose your health information for certain public interest and legal purposes permitted by HIPAA and applicable California law.

These circumstances may include:

A. Public Health Activities

We may disclose information to authorized public health authorities for purposes such as:

- Preventing or controlling disease.
- Reporting certain health conditions.
- Reporting adverse reactions to medications or medical products.
- Reporting product recalls.
- Other public health activities authorized by law.

B. Reporting Abuse, Neglect, or Domestic Violence

We may disclose information to appropriate government authorities when required or permitted by law concerning suspected abuse, neglect, or domestic violence.

C. Health Oversight Activities

We may disclose information to government agencies authorized to oversee healthcare systems, licensing, compliance, and other regulated activities.

D. Legal Proceedings

We may disclose health information in response to a valid court order, subpoena, or other lawful legal process, subject to applicable federal and California privacy protections.

E. Law Enforcement

We may disclose information to law enforcement officials when permitted or required by applicable law.

F. Workers' Compensation

We may disclose information as authorized by workers' compensation laws and other similar programs.

G. Serious Threats to Health or Safety

We may use or disclose health information when necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, as permitted by law.

H. Medical Examiners and Coroners

We may disclose information to medical examiners, coroners, or funeral directors when legally authorized and necessary to carry out their responsibilities.

I. Government Functions

We may disclose information for certain authorized military, national security, correctional institution, and other government functions as permitted by law.

J. Research

We may use or disclose health information for research purposes when the applicable legal requirements and privacy protections are satisfied.

---

4. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Certain uses and disclosures of your health information require your written authorization.

Unless otherwise permitted by law, we will obtain your written authorization before:

A. Marketing

Using or disclosing your health information for marketing purposes when HIPAA requires authorization.

B. Sale of Health Information

Selling your Protected Health Information.

Redwood City Smile Dental does not sell patient medical records or Protected Health Information.

C. Other Uses Not Covered by This Notice

Any use or disclosure not described in this notice will require your written authorization unless otherwise permitted or required by law.

You may revoke an authorization in writing at any time. Revocation will not affect disclosures already made in reliance on your authorization.

---

5. SPECIAL PROTECTION FOR SUBSTANCE USE DISORDER RECORDS

To the extent that our office receives or maintains substance use disorder treatment records protected under 42 CFR Part 2, additional federal confidentiality protections may apply.

We will not use or disclose such protected records, or testimony conveying their contents, in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order that satisfies applicable federal requirements, including a subpoena or other legal process compelling disclosure.

These protections apply as required by federal law.

---

6. OUR RESPONSIBILITIES AND COMMITMENT TO YOUR PRIVACY

Redwood City Smile Dental is required by law to:

- Maintain the privacy and security of your Protected Health Information.
- Provide you with this notice describing our legal duties and privacy practices.
- Follow the terms of the Notice of Privacy Practices currently in effect.
- Notify you following a breach of unsecured Protected Health Information when notification is required by law.
- Use and disclose your information only as permitted or required by applicable law and this notice.

Changes to This Notice

We reserve the right to change the terms of this notice and make the revised notice effective for all Protected Health Information we maintain, as permitted by law.

If we make a material change to our privacy practices, we will update this notice and make the revised version available:

- At our dental office.
- On our website.
- Upon request.

The effective date of the revised notice will be displayed on the updated document.

California Privacy Protections

Our practice also complies with applicable California privacy requirements, including the California Confidentiality of Medical Information Act (CMIA).

Where California law provides greater privacy protection or imposes stricter requirements than federal law, we will follow the applicable legal requirements.

---

7. REVENUEWELL AND ELECTRONIC PATIENT COMMUNICATIONS

Redwood City Smile Dental uses RevenueWell to facilitate online appointment scheduling and patient communications.

RevenueWell may process certain patient information on our behalf, including:

- Patient names and contact information.
- Appointment dates and scheduling details.
- Appointment confirmations and reminders.
- Patient communication preferences.
- Electronic communication records.

RevenueWell is used as a technology service provider for our dental practice.

Where required, our relationship with RevenueWell is governed by a Business Associate Agreement and applicable HIPAA privacy and security requirements.

We take reasonable steps to ensure that third-party providers handling patient information are subject to appropriate privacy and security obligations.

Text Message Communications

Patients may receive appointment-related text messages if they provide their mobile number and separately consent to receive such communications.

Message and data rates may apply. Message frequency varies.

You may opt out of text message communications at any time by replying STOP.

For assistance, reply HELP or contact our office at (650) 216-8488.

Your decision to opt out of text messages will not affect your ability to receive dental care.

Please avoid sending sensitive dental, medical, or financial information through unsecured text messages.

---

8. HOW TO FILE A PRIVACY COMPLAINT

If you believe that Redwood City Smile Dental has violated your privacy rights, you may file a complaint directly with our office.

Privacy Officer
Redwood City Smile Dental
2480 El Camino Real
Redwood City, CA 94063

Phone: (650) 216-8488
Email: info@redwoodcitysmiledental.com

You also have the right to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

U.S. Department of Health and Human Services
Office for Civil Rights

200 Independence Avenue, S.W.
Washington, D.C. 20201

Phone: 1-877-696-6775

Online complaint information:
https://www.hhs.gov/hipaa/filing-a-complaint/index.html

Redwood City Smile Dental will not retaliate against you for filing a privacy complaint.

---

9. CONTACT INFORMATION

If you have questions about this notice, your privacy rights, or how we protect your dental and medical information, please contact us.

Redwood City Smile Dental
Dr. Elizabeth B. Nguyen, DDS

2480 El Camino Real
Redwood City, CA 94063

Phone: (650) 216-8488
Email: info@redwoodcitysmiledental.com
Website: https://redwoodcitysmiledental.com

Office Hours: Monday – Friday, 10:00 AM – 7:00 PM (Pacific Time)

We appreciate the trust you place in Redwood City Smile Dental. Protecting your privacy and maintaining the confidentiality of your personal and health information are fundamental responsibilities of our practice.

Thank you for trusting us with your dental care.

ACKNOWLEDGMENT OF RECEIPT

Notice of Privacy Practices

I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices for Redwood City Smile Dental.

I understand that this notice explains how my dental and medical information may be used and disclosed, and describes my privacy rights under applicable federal and California law.

I understand that I may request a copy of this notice at any time.

Patient Name: _____

Patient Signature: _____

Date: _____

Parent or Legal Guardian Name (if applicable): _____

Relationship to Patient: _____

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

If the patient declines to sign:

Date notice provided: _____

Reason acknowledgment was not obtained:

Staff Member Name: _____

Staff Member Signature: _____

Date: _____