



# Alameda Pediatric Dentistry & Orthodontics

Alameda (510) 521-5437 • Pleasanton (925) 846-5437 • Oakland (510) 763-5437 • Brentwood (925) 516-4107

## NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can access this information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Please review it carefully. The privacy of your health information is important to us. Federal and state laws require us to maintain the privacy of your health information. We are also required to provide this notice about our office's privacy practices, our legal duties and your rights regarding your health information. You have the right to request a copy of this notice. We are required to follow the practices that are outlined in this notice while it is in effect. This notice takes effect October 1, 2022 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. For more information about our privacy practices or additional copies of this notice, please contact us at (510) 521-5437.

The law permits us to use or disclose your child's health information for treatment, payment, and healthcare operations. For example, we disclose information to our employees and others who are involved in providing the care needed, which may be another dentist, pharmacist, or healthcare provider. We may use or disclose your child's health information for payment of services. For example, we may send a report of your child's treatment to your insurance company. We may use or disclose your child's health information for our healthcare operations. For example, for accreditation or credentialing activities. We will make every effort to keep your health, treatment, and/or payment information confidential. However, due to our open office environment, some information may be inadvertently overheard by other patients, their family or representatives. Upon arriving at our office, we may use and disclose medical information about you by asking that you sign an intake sheet at our front desk. We may also announce your name when we are ready to see you. We may use your information to contact you. For example, we may provide appointment reminders via voicemail, texts, postcards or letters. We may also leave a message with the person answering the phone if you are not available.

In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

If this dental practice is sold or merged with another practice or organization, your health records will become the property of the new owner. You have the right to transfer copies of your child's health information to another practice. We may use or disclose your health information when required by law. We may, and are sometimes legally obligated to, disclose your health information to public health agencies for purposes related to preventing or controlling disease, injury or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. In an emergency, we may disclose your child's health information to a family member or another person responsible for your child's care.

You have the right to inspect or get copies of your child's health information, with limited exceptions. You have the right to receive an accounting of disclosures of protected health information. You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency). You have the right to reasonable requests to receive confidential communication by alternative means or at alternative locations, with a specific request in writing. You have the right to request that we amend your health information with a specific request in writing. We may deny your request under certain circumstances. In the event your unsecured protected health information is breached, we will notify you as required by law. In some situations, you may be notified by our business associates.

If you are concerned that we may have violated your privacy rights, you may send a written complaint to our office, or file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. For more information or assistance regarding your child's health information privacy, please contact us at (510) 521-5437.

**Acknowledgement: I have read this copy of the Alameda Pediatric Dentistry Notice of Privacy Practices.**

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Patient's Name & Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*You may refuse to sign this acknowledgement.*