

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

In order to provide you with quality care in this office we maintain a record of the services you receive and your personal health information. We are committed to protecting your personal health information from any unauthorized disclosure. This Notice of Privacy Practices applies to your records and the ways in which we may use or disclose your health information. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

You may request a copy of this Notice at any time. If you have questions or would like more information about our privacy practices, or desire additional copies of this Notice, please contact us by using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following list of categories describes different ways that we may lawfully use and disclose your health information. The list of examples in each category may not however provide every use or disclosure permitted by law in each category.

Treatment: We may use or disclose your health information to provide you with treatment or services. We may use or disclose your health information to another person or entity providing treatment to you such as a physician or other healthcare provider, a lab technician or for prescriptions.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. For example we may need to send information such as your name, address, office visit, and diagnosis and treatment to another entity in order to obtain payment.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Appointment Reminders: We may use and disclose your health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

Treatment Alternatives: We may use and disclose your health information to tell you about and recommend alternative treatment options that may be of interest to you.

Required by Law: We may use and disclose your health information when we are required to do so by law.

Workers Compensation: We may release your health information for workers compensation or similar programs.

Public Health: We may disclose your health information to prevent or control injury or disease, or to notify a person of exposure to a health concern.

Health Oversight Activities: We may disclose health information related to governmental audits and investigations.

Judicial and Administrative Proceedings: We may disclose your health information if required to do so by a court order, subpoena and the like.

Law Enforcement: We may disclose your health information to assist law enforcement in any lawful activity.

Uses and Disclosures About Decedents: We may disclose your health information to assist in the identification of a deceased person or help to ascertain the cause of death.

Research: We may disclose your health information to determine whether certain clinical studies and treatments may be of benefit to you.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but we will only disclose the amount of said information that is directly relevant to such person's involvement in your care and only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Your Authorization: In addition to our use of your health information as outlined above, 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 was 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.

PATIENT RIGHTS

You have the following rights regarding your health information:

Access: You have the right to look at or get copies of your health information, with limited exceptions. To inspect or copy your records you must submit your request in writing to the Privacy Officer listed at the end of this Notice. We may charge you a reasonable fee if you request a copy of your records. Furthermore, we may charge you any other fees arising out of your request, such as mailing. You may request that we provide you copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. We may deny your request in certain limited circumstances, however if you are denied access you may request the denial be reviewed.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities. Your request to review said disclosures must be in writing directed to the Privacy Officer listed in this Notice. The request may not be for a time period longer than the last 6 years, and may not be for any time before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. You also have the right to request we limit the information we disclose about you to a family member or person in charge of your care. Any request for restriction of your health information must be in writing listing what information you want restricted, and addressed to the Privacy Officer listed in this Notice. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement unless disclosure is necessary in the case of an emergency situation.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations; for example, you may indicate that you only want to be contacted at work or by email. To request an alternative means of communication you must submit your request in writing at the time of your treatment and your request must specify how you want to be contacted. We will attempt to honor all reasonable requests.

Amendment: If you feel the health information we have about you is incorrect or incomplete, you have the right to request that we amend your health information. Your request to amend your health information must be in writing addressed to the Privacy Officer in this Notice, and it must explain why you feel the information should be amended. We may deny your request under certain circumstances. If we deny your request you may file a statement of disagreement with us and this may become part of your health record.

Electronic Notice: You have a right to receive a paper copy of this Notice. Even if you received this Notice on our web site you are still entitled to receive a paper copy. If you would like a current copy of this Notice please contact the Privacy Officer. *

CHANGES TO THIS NOTICE

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 the 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. We will post a copy of the current Notice with the new effective date upon making any changes in our privacy practices and we will change this Notice and make the new Notice available upon request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us at the number below. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. All complaints must be in writing. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: Kristan Huguet

Telephone: (925) 945-6204

Fax: (925) 945-1533

E-mail: email@pleasanthillsmile.com

Address: 710 Grayson Road, Pleasant Hill, CA 94523