

Bonita Art of Aesthetic Dentistry

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you visit our office we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care created by any of our health care personnel and/or Dr. Vales.

This notice describes your health care information privacy rights and the obligations Dr. Vales' office has regarding how we may use and disclose your health information. Your dental health is an aspect of, and is inclusive of your over-all health. Your medical conditions may play a part in your dental conditions. So, when we talk about your health information, we are referring to both.

Our Responsibilities

Federal and California law makes us responsible for safeguarding your personal health information. We must provide you with this notice of our privacy practices and follow the terms of the notice currently in effect.

Changes to this notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have on file about you as well as any information we receive in the future. We will have a copy of the current notice in our reception room.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we use your health information within our office and disclose your health information to persons and entities outside of our office. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that will require your specific authorization.

Treatment: your health information may be used to provide or coordinate your dental treatment and services. We may disclose health information about you to auxiliary staff, technicians, interns or other allied health personnel who are involved in providing for your well-being during your visit with us. We also may communicate information to another doctor and his/her auxiliary staff for the purpose of coordinating your continuing care.

Payment: we may use and disclose your information for billing and to arrange for payment from you, an insurance company, a third party or a collection agency. This also may include the disclosure of health information to obtain prior authorization or payment for treatment and procedures from your insurance plan.

Health Care Operations: uses and disclosures of health information are necessary to operate our dental office and to make sure all of our patients receive quality care. We may use and disclose relevant health information about you for health care operations. Examples include specialty referrals, medical releases, confirmation phone calls, appointment reminder cards, appointment email reminders, administrative activities, sending cast restorations (crowns/caps/veneers/fixed and removable bridges) to the lab for fabrication, continuing education, calling in a prescription to the pharmacy.

Business Associates: there are some services provided in our organization through contracts with business associates. Examples of business associates include management consultants, software computer trainers, computer integration engineers, insurance company auditors, billing and collections services. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement stating that they will appropriately safeguard your health information.

Appointment Reminders: we may use and disclose health information to contact you as a reminder that you have an appointment for treatment or dental care with our office by post card, email or telephone call.

Special Situations That Do Not Require Your Authorization

California and federal law permits the following disclosures of your health information without any verbal or written permission from you:

Continuing Education and Study Groups: we may disclose health information, study models of your teeth, copies of your x-rays, photos of your teeth and smile for case studies with a local dentist study group. Your name will be removed, but your age, ethnicity, gender, and oral health conditions may be disclosed for the case study. The purpose is for continuing education and promotion of better dental health care.

Military and Veterans: if you are a member of the armed forces, we may release health information about you as required by military command authorities.

Worker's Compensation: we may release health information about you for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits to you for your work related injuries.

Your Health or Safety: to prevent a serious threat to your health and safety, the health and safety of another person, or the public; we may use and disclose health information about you.

Dental Oversight Activities: we may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government and insurance companies to monitor the dental care system, programs and compliance with civil right laws.

Public Health Activities: we may disclose health information about you for public health activities. These may include the following:

- a) To report reactions to medications, problems with products or other adverse events.
- b) To notify people of recalls of products they may be using.

Lawsuits and Disputes: if you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement: we may disclose health information if asked to do so by law enforcement officials for:

- a) Response to a court order, subpoena, warrant, summons or similar process.
- b) Provide information about criminal conduct at our facility.
- c) In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person that committed the crime.

Coroners, Medical Examiners: we may disclose health information to a coroner or medical examiner to aide in identifying a deceased person.

Inmate: if you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety, and to protect the safety and security of the correctional institution.

Legal Requirements: we will disclose health information about you without your permission when required to do so by federal or California law.

With Your Verbal Agreement: we may disclose health information about you to a family member or friend who is involved in your dental care.

Situations Requiring Your Written Authorization

If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as a written "authorization". If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons stated in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you. You may contact us to obtain additional information and instructions for exercising the following rights.

You have the right to:

- a) **Obtain a copy of this Notice of Privacy Practices.**
- b) **Request a restriction on certain uses and disclosures of your information.** This request must be in writing. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment. However, if our system capabilities will not allow us to comply with your request, then we are not required to do so. We can only address requests for this office, Maria Luisa C. Vales, D.M.D. Your request will not extend to a doctor we refer you to.
- c) **Inspect and request a copy of your dental health record.** This request for inspection or copies must be in writing and directed to the Office Manager of Maria Luisa C. Vales, D.M.D. A reasonable fee for copies will be charged. We may deny your request under limited circumstances. If we deny your request, you may retain a lawyer to request a copy of your dental health record.
- d) **Request an amendment to your health record if you feel the information is incorrect or incomplete.** Your request must be made in writing and it must include a reason that supports the request. We may deny your request if the information is accurate and complete as stated. **Please note:** If we accept your request for amendment, we are not required to delete any information from your health record.
- e) **Obtain an accounting of disclosures to others of your health information.** We will provide information about disclosures made for purposes other than treatment, payment, health care operations, Dental Oversight Activities, disclosures excluded by law or those you have authorized.
- f) **Request confidential communications.** You have the right to request that we communicate with you about health issues in a certain way or at a certain location. For example, you may ask that we only contact you a work or by mail. We will accommodate all requests that are reasonable based on our system capabilities. Your request must be in writing and specify the exact changes you are requesting.
- g) **Revoke your authorization.** You have the right to revoke your authorization for the use of disclosure of your health information except to the extent that action has already been taken.
- h) **Complaints regarding our health information practices.** Complaints about this notice or how we handle your health information should be made in writing and sent to the Office Manager of Maria Luisa C. Vales, D.M.D., 88 East Bonita Road, Suite F, Chula Vista, CA 91910. You may also submit a formal complaint in writing to the Secretary of the United States, Department of Health and Human Services.