

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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

PLEASE REVIEW THIS CAREFULLY

Our Legal Duty: We are required by applicable federal and state law to maintain the privacy of protected health information that identifies you (“PHI”). We operate in compliance with all applicable privacy and data protection laws including the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act of 2009, and implementing regulations (“HIPAA”). To that end, we are providing you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI.

Your Authorization: In addition to our use of your PHI for the following purposes, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it at any time by notifying our Privacy Officer in writing. 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 PHI for any reason except those described in this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

We use and disclose your PHI without authorization for the following purposes.

Treatment: We may use or disclose your PHI for your treatment. For example, we may disclose your PHI to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your PHI to obtain payment for services we provide to you. For example, we may send claims to your dental health plan containing certain PHI.

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

To You or Your Personal Representative: We must disclose your PHI to you, as described in the Patient’s Rights section of this Notice. We may disclose your PHI to your personal representative, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose PHI 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 PHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your absence or incapacity or in emergency circumstances, we will disclose PHI based on a determination using our professional judgment disclosing only PHI 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.

Health-Related Products Services: We may contact you by phone, mail, email or other modes of communication to inform you about health-related products or services that may be of interest to you.

Treatment Alternatives: We may contact you by phone, mail, email or other modes of communication to inform you about or recommend possible treatment options or alternatives that may be of interest to you.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION. We may use or disclose your PHI without your authorization in certain other circumstances, such as when required by law or for public health and safety purposes. We will comply with the legal requirements and limitations applicable to these circumstances.

Required by Law: We may use or disclose your PHI when we are required to do so by law.

Lawsuits and Legal Disputes: We may use or disclose your PHI in responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose your PHI to the extent permitted by law without your authorization, for example to defend a lawsuit or arbitration.

Public Health and Public Benefit: We may use or disclose your PHI to report abuse, neglect, or domestic violence; to report disease, injury, and vital statistics; to report certain information to the Food and Drug Administration (FDA); to alert someone who may be at risk of contracting or spreading a disease; for health oversight activities; for certain judicial and administrative proceedings; for certain law enforcement purposes; to avert a serious threat to health or safety; and to comply with workers' compensation or similar programs.

Decedents: We may disclose PHI about a decedent as authorized or required by law.

Disaster Relief: We may use or disclose your PHI to assist in disaster relief efforts.

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

Appointment Reminders: We may contact you by phone, mail, email, or other modes of communication to provide you with appointment reminders.

Marketing of Health Information: Except for marketing information given in a face-to-face communication or promotional gifts of nominal value, we will not use without your written authorization your PHI for purposes that are considered marketing under HIPAA.

Disclosure and Redisclosure of Information: Under certain circumstances, information disclosed under the HIPAA Privacy Rule may be redisclosed by the recipient and may no longer be protected by HIPAA. Once PHI is shared with entities not bound by HIPAA, such as law enforcement or other third parties, those entities may redisclose the information, and it may lose its HIPAA protections.

Information With Additional Protections. Certain types of health information may have additional protection under federal or state law. In such circumstances, we would need to get your written authorization before disclosing such health information to others.

Confidentiality of Substance Use Disorder Patient Records: The confidentiality of substance use disorder patient records may be protected by special federal law and regulations, in addition to HIPAA. We will not disclose any information identifying a patient as having or having had a substance use disorder unless: (a) the patient consents in writing;(b) the disclosure is allowed by a court order; or (c) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

PATIENT'S RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION. You have the following rights with respect to your PHI and may exercise these by submitting a written request to our Privacy Officer.

Access: You have the right to look at or get copies of your PHI, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. You may send us a request letter or obtain a form to request access by using the contact information listed at the end of this Notice. If you request copies, we may charge you a fee for the costs of copying your PHI, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your PHI in that format. If you prefer, we will prepare a summary or an explanation of your PHI for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, healthcare operations, and certain other activities, for up to 6 years before the date of your request. You are entitled to one disclosure accounting in any 12- month period at no charge. If you request any additional accountings less than 12 months later, 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 PHI. In most cases we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). We must comply with a request to restrict the disclosure of PHI to a health plan for purposes of carrying out payment or health care operations (as defined by HIPAA) if the PHI pertains solely to a health care item or service for which we have been paid out of pocket in full.

Alternative Communication: You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Paper Copy of Notice: You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may ask us for a copy of this Notice at any time.

Changes to Notice: We may change our privacy practices and this Notice at any time, provided such changes are permitted by applicable law. Any revised Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this Notice and provide the new Notice at our practice location and on our website, and we will distribute it upon request.

Questions and Complaints: If you want more information about our privacy practices or have questions or concerns, or want to lodge a complaint about our privacy practices, please contact us by using the contact information listed below. 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 PHI. We will not take retaliatory action against you if you file a complaint about our privacy practices.

Privacy Officer
Telephone:
310-765-2450

E-mail: ComplianceHelp@interdent.com

Address: 2260 E. Imperial Highway, 8th Floor, El Segundo, CA 90245

**Acknowledgement of Receipt
of Notice of Privacy Practices**

*** You May Refuse to Sign This Acknowledgment***

I AGREE o [Initial here] **Consent for Communications from InterDent:** By providing my phone number or email address, I expressly consent and agree that InterDent Service Corporation and any of its affiliates, representatives, including collection or other agents, service providers or assignees (collectively, "Gentle Dental") may call me using an automatic telephone dialing system or other computer assisted technology, leave me a voice, prerecorded, or artificial voice message, or send me a text, e-mail, or other electronic message for any purpose related to my Gentle Dental account. I may receive communications regarding assignment of benefits, billing or payment information, scheduling, healthcare operations, other informational communications related to my account or treatment or marketing and promotional communications. I acknowledge that my consent is not required to obtain services or to buy products from Gentle Dental. Messaging and data rates may apply. Frequency varies. I agree that Gentle Dental may record, monitor, or analyze by AI any telephone calls to assure the quality of its service.

I, (print name) have received a copy of the Notice of Privacy Practices.

Signature: _____ Date:

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ρ Individual refused to sign
- ρ Communications barriers prohibited obtaining the acknowledgement
- ρ An emergency situation prevented us from obtaining acknowledgement
- ρ Other (Please Specify)

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