

Sea Breeze Dental  
5948 Warner Ave, Huntington Beach, CA 92649

## **NOTICE OF PRIVACY PRACTICES**

This notice applies to information and records regarding your health care maintained by Sea Breeze Dental, referred to in this document as “we” and/or “our practice”. We are committed to protecting medical information about you. We create a record of the care and services you receive at our practice for use in your care and treatment.

### **Our Commitment to Protecting Your Medical Information**

This notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- make sure that your medical information is protected
- give you this Notice describing our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

### **Ways We May Use and Disclose Your Medical Information**

The following sections describe different ways that we may use and disclose your medical information. Some information such as certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. Our practice abides by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

**For treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose your medical information to dentists, doctors, nurses, technicians, or other health system personnel involved in your healthcare. For example, referral to an outside dentist or specialist might require some disclosure of information necessary for treatment. We may also share medical information with other healthcare personnel or providers, agencies or facilities in order to provide or coordinate your treatment needs, such as prescriptions, lab work and x-rays. We also may disclose your medical information to people involved in your continuing medical care.

**For payment.** We may use and disclose medical information about you so that the treatment and services you receive at our practice may be billed to and payment may be collected from you, an insurance company or a 3<sup>rd</sup> party. For example, we may need to give information to your dental plan about a dental cleaning, so your dental plan will pay us or reimburse you for the dental cleaning. We may also tell your dental insurance plan about a proposed treatment to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for our practice operations. These uses and disclosures are made for quality of care. Your medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients’ claims, grievances or lawsuits, health care contracting, legal services,

business planning and development, business management and administration, the sale of all or part of our practice to another entity, underwriting and other insurance activities and to operate the practice. For example, we may review medical information to find ways to improve treatment and services to our patients.

**Appointment Reminders.** We may contact you to remind you that you have an appointment with our practice.

**Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-related Benefits and Services.** We may contact you about benefits or services that we provide.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information to anyone involved in your medical care, e.g. a friend, family member, personal representative, or any individual you identify. We may also give information to someone who helps pay for your care. We may also tell your family or friends about your general condition.

**Disaster Relief Efforts.** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**As Required By Law.** We will disclose medical information about you when required to do so by federal or state law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

**Military and Veterans.** If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

**Workers' Compensation.** We may use or disclose your medical information for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

**Public Health Disclosures.** We may disclose your medical information for public health purposes. These purposes generally include the following:

- preventing or controlling disease (such as tuberculosis), injury or disability
- reporting vital events such as birth or death
- reporting child abuse or neglect
- reporting adverse events or surveillance related to food, medications or defects or problems with products
- notifying persons or recalls, repairs or replacements of products they may be using
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition

- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law

**Health Oversight Activities.** We may disclose your medical information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

**Legal Proceedings.** We may disclose your medical information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

**Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings, we may disclose your medical information in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

**Law Enforcement.** If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- to identify or locate a suspect, fugitive, material witness or missing person
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- about a death suspected to be the result of criminal conduct
- about criminal conduct at our practice; and
- in case of a medical emergency, to report a crime

**Coroners, Medical Examiners and Funeral Directors.** In most circumstances, we may disclose medical information to a coroner or medical examiner. For example, this may be necessary to identify a deceased person.

**National Security and Intelligence Activities.** As authorized or required by law, we may disclose your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities.

**Protective Services for the President and Others.** As authorized or required by law, we may disclose your medical information to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

### **Your Rights Regarding Your Medical Information**

Your medical information is the property of our practice. However, you have the following rights regarding the medical information we obtain about you:

**Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and/or receive a copy of your medical information.

To inspect and/or receive a copy of your medical information, you must submit your request in writing to:

Sea Breeze Dental  
5948 Warner Ave.  
Huntington Beach, CA 92649

If you request a copy of the information, there is a fee for these services.

We may deny your request in certain limited circumstances.

**Right to Request an Amendment or Addendum.** If you feel that medical information that we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by our practice.

To request an amendment or addendum to your medical records, you must submit your request in writing to:

Sea Breeze Dental  
5948 Warner Ave.  
Huntington Beach, CA 92649

If you request a copy of the information, there is a fee for these services.

We may deny your request in certain limited circumstances.

**Right to an Accounting of Disclosures.** You have the right to receive a list of certain disclosures we have made of your medical information.

To request this accounting of disclosures, you must submit your request in writing to:

Sea Breeze Dental  
5948 Warner Ave.  
Huntington Beach, CA 92649

Certain limitations and fees may apply.

**Right to Request Restrictions.** You have a right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could ask that we not use or disclose information to a family member about a procedure you had.

To request a restriction, you must make your request in writing to:

Sea Breeze Dental  
5948 Warner Ave.  
Huntington Beach, CA 92649

You must tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. *We are not required to agree*

*to your request.* If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.

To request confidential communications, you must make your request in writing to:

Sea Breeze Dental  
5948 Warner Ave.  
Huntington Beach, CA 92649

We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have a right to a paper copy of this Notice at any time. Make your request in writing to:

Sea Breeze Dental  
5948 Warner Ave.  
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### **Changes to Our Privacy Practices and This Notice**

We reserve the right to change our privacy practices and this Notice. Any change or revision to this notice applies to medical information we already have about you as well as any information we receive in the future. We will notify you of any changes or revisions to this notice, and at any time you may request a paper or electronic copy of the current Notice in effect.

### **Questions or Complaints**

If you have any questions about this Notice, or believe that your privacy rights have been violated, please send your question or complaint in writing to:

Sea Breeze Dental  
5948 Warner Ave.  
Huntington Beach, CA 92649

You will not be penalized for filing a complaint.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this Notice will be made only with your written permission.