



NOTICE OF PRIVACY PRACTICES

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Dear Patient,

This notice describes how health information about you may be used and disclosed. It also explains how you can access to this information. Please review it carefully. The privacy of your health information is always important to us.

USE AND DISCLOSURE OF HEALTH INFORMATION

Treatment: We may use or disclose your health information, photos and radiographs to a physician or other healthcare provider providing treatment to you or to your family you approve. We may send your treatment plan to you via email as you approved.

Payment: We may use and disclose your health information, photos and radiographs to obtain payment for services we provide you. We may disclose your health information through a receipt form via email to you for your flexible account purpose as you approved.

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

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operators, you may give us a signed written authorization to use your health information or to disclose it to anyone for any purpose. Your health record access fee is noted below. You also have the right to request restrictions on disclosure of personal health information, or alternative means of communication to ensure privacy.

Marketing Health Related Services: We will not use your health information for external marketing communications without your written authorization. We may use your photos and radiographs for internal marketing presentation purposes.

Required by Law: We may use or disclose your health information and dental records when we are required to do so by law or national security activities.

Abuse or Neglect: We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (Such as voicemail messages, postcards, email, text or letters).

Access to your records: You have the right to look at or get copies of your health records. If you request copies, we will charge you \$25.00 per document for labor to locate and copy your information, and certified postage if you want the copies mailed to you. The copies may be mailed or pick up in person 10 business day of signed written authorization. For 3 D imaging, you may request a disc copy for \$250 per imaging