

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: November 26, 2025

LA MESA PEDIATRIC DENTISTRY

6080 Lake Murray Blvd Ste A
La Mesa, CA 91942-2572
(619) 853-3429

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices (“Notice”) apply to La Mesa Pediatric Dentistry, its affiliates, and its employees. We will share protected health information (“PHI”) as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients’ PHI; to provide you with this Notice of our legal duties and privacy practices; to notify you following a breach of unsecured PHI; and to abide by the terms of the Notice currently in effect. Any revisions to this Notice will apply to all PHI we maintain. You may obtain a copy of a revised Notice by submitting a request to the Privacy Officer listed at the end of this Notice.

Some state privacy laws, including California’s Confidentiality of Medical Information Act (CMIA), may be more restrictive than federal HIPAA requirements. When this occurs, we follow the more stringent law and will honor any additional rights provided under California law.

Uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

1. Permitted Uses and Disclosures Without Written Authorization

Treatment

We may use or disclose your PHI to provide, coordinate, or manage your health care. This may include sharing your information with specialists, imaging centers, hospitals, laboratories, DME providers, rehabilitation facilities, home health agencies, nurse case managers, or workers’ compensation representatives.

Payment

We may use or disclose your PHI to obtain payment for your health care services, including eligibility verification, prior authorization, billing, and claims management.

Health Care Operations

We may use or disclose your PHI to support administrative, quality improvement, and business functions, including:

- Quality assessment and improvement
- Credentialing and peer review
- Training and education
- Licensing and auditing
- Business management and general administrative activities

We may also:

- Use a sign-in sheet at reception
- Call your name in the waiting room
- Contact you with appointment reminders
- Inform you about treatment alternatives or health-related benefits

Minors

PHI of minors may be disclosed to parents or legal guardians unless prohibited by law. California law may grant minors exclusive rights to certain health records.

Required by Law

We will disclose PHI when required by federal, state, local, or international law.

Abuse, Neglect, or Domestic Violence

We may disclose PHI to appropriate authorities if we believe a patient is a victim of abuse, neglect, or domestic violence or when disclosure is necessary to prevent a serious threat to health or safety.

Judicial and Administrative Proceedings

We may disclose PHI in response to court orders, subpoenas, or discovery requests as permitted by law.

Law Enforcement

We may disclose PHI to law enforcement officials under legally required circumstances.

Coroners and Medical Examiners

We may disclose PHI to coroners or medical examiners for identification, determining cause of death, or other lawful duties.

Public Health Activities

We may disclose PHI for public health purposes, including:

- Reporting communicable diseases
- Reporting vital events (births, deaths)
- Reporting adverse events to the FDA
- Tracking medication or product issues
- Facilitating recalls
- Preventing or controlling disease

Health Oversight Activities

We may disclose PHI to oversight agencies for audits, inspections, investigations, or licensure activities.

Inmates

If you are in custody, we may disclose PHI to correctional or law enforcement officials as necessary for your health or safety or institutional operations.

Military and National Security

We may disclose PHI to authorized officials for national security, intelligence, or military activities.

Immunizations

With your agreement (verbal or written), we may provide proof of immunizations to schools or similar institutions.

Workers' Compensation

We may disclose PHI to comply with workers' compensation or similar programs for work-related injuries or illnesses.

Practice Ownership Change

If La Mesa Pediatric Dentistry is sold or merged, PHI may be transferred to the new owner, and your rights will remain unchanged.

Breach Notification

If a breach of unsecured PHI occurs, we will notify you as required by federal or state law.

Research

We may use or disclose your PHI for research that has been reviewed and approved by an institutional review board or privacy board.

Business Associates

We may disclose PHI to business associates (e.g., billing services, IT vendors, transcription vendors) who must safeguard your information and comply with HIPAA.

2. Uses and Disclosures You May Object To (Opt-Out Options)**Communication with Family or Others Involved in Your Care**

Unless you object, we may disclose PHI to individuals involved in your care or payment for your care. If you are unable to agree or object, we may use our professional judgment.

Disaster Relief

Unless you object, we may disclose PHI to disaster relief organizations to help notify family or others of your location and condition.

Fundraising

We may contact you for fundraising activities. Any fundraising communication will include clear opt-out instructions, and your decision will not affect your care.

3. Uses and Disclosures Requiring Your Written Authorization

You must provide written authorization before we use or disclose PHI for any purpose not described in this Notice.

Psychotherapy Notes

We will not disclose psychotherapy notes without your authorization except as permitted by law.

Genetic Information

We will not use or disclose genetic information for underwriting purposes and will disclose it only with your specific authorization unless permitted by law.

Marketing

Authorization is required for marketing communications except for face-to-face interactions or nominal promotional gifts.

Sale of PHI

We will not sell your PHI without your authorization, except in limited lawful circumstances.

Other Uses

Any other non-routine use or disclosure requires your written authorization. You may revoke your authorization at any time in writing.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You may exercise the rights below by submitting a written request to our Privacy Officer. Certain requests may be denied as permitted by law. If denied, we will notify you of your options.

Right to Inspect and Copy

You may request to inspect or obtain a copy of your PHI in paper or electronic format. Fees may apply. Certain records—such as psychotherapy notes, information for legal proceedings, or information restricted by law—may not be accessible.

Right to a Summary or Explanation

You may request a summary or explanation of your PHI instead of a full copy. Fees may apply.

Right to an Electronic Copy

If your PHI is stored electronically, you may request an electronic copy and may direct us to transmit it to another individual or entity.

Right to Notice of a Breach

You have the right to be notified following a breach involving your unsecured PHI.

Right to Request Amendments

If you believe your PHI is inaccurate or incomplete, you may request an amendment. If denied, you may submit a statement of disagreement.

Right to an Accounting of Disclosures

You may request a list of certain disclosures made in the prior six years, excluding those for treatment, payment, or health care operations.

Right to Request Restrictions

You may request restrictions on PHI use or disclosure. We are not required to agree unless:

- The disclosure is to a health plan
- It concerns an item or service paid for in full out-of-pocket

Right to Confidential Communications

You may request communications at a specific location or by alternative means (e.g., work number, mailing address). We will accommodate reasonable requests.

Right to a Paper Copy

You may request a paper copy of this Notice at any time.

CHANGES TO THIS NOTICE

We may change this Notice at any time. When revised, we will:

- Post the new Notice in our office
- Post it on our website
- Provide a copy upon request

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

La Mesa Pediatric Dentistry – Privacy Officer

(619) 853-3429

6080 Lake Murray Blvd Ste A

La Mesa, CA 91942-2572

or with:

Office for Civil Rights

Department of Health and Human Services

Jacob Javits Federal Building

26 Federal Plaza – Suite 3312

New York, NY 10278

Voice: (212) 264-3313

Fax: (212) 264-3039

TDD: (212) 264-2355

You will not face retaliation for filing a complaint.

CONTACT FOR QUESTIONS OR REQUESTS

For questions or to exercise your rights, contact:

La Mesa Pediatric Dentistry – Privacy Officer

(619) 853-3429

6080 Lake Murray Blvd Ste A

La Mesa, CA 91942-2572

This Notice is also available online.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

La Mesa Pediatric Dentistry

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Purpose of This Form

Federal law requires that La Mesa Pediatric Dentistry provide you with our Notice of Privacy Practices (NPP) and that we make a good-faith effort to obtain your acknowledgment that you received it. Please review, complete, and sign below.

Patient Acknowledgment

I acknowledge that I have received, read, or been offered a copy of **La Mesa Pediatric Dentistry's Notice of Privacy Practices**, which explains how my health information may be used and disclosed, and how I may access my information.

I understand that:

- The Notice of Privacy Practices may change at any time.
- I may request a current copy at any visit or access it online.
- I may ask questions about my privacy rights at any time.

Patient Information

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Signature

Signature of Patient / Parent / Legal Guardian:

Printed Name of Signatory: _____

Relationship to Patient (if applicable):

☐ Parent ☐ Legal Guardian ☐ Other: _____

Date: _____

If Patient Declines to Sign

(To be completed by La Mesa Pediatric Dentistry staff only.)

☐ Patient was offered the Notice of Privacy Practices and declined to sign.

Reason (optional): _____

Staff Member Name: _____

Staff Signature: _____ **Date:** _____

For Practice Use Only (Optional Documentation)

Documentation of good-faith effort to obtain acknowledgment:

☐ NPP provided to patient in person

☐ Patient reviewed NPP on website

☐ NPP emailed to patient

☐ Other: _____