NOTICE OF PRIVACY PRACTICES

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.

Effective Date: *7/13/2026*

Our Commitment to Your Privacy

Fantastic Family Dental ("we," "us," or "our practice") is required by law to maintain the privacy of your protected health information ("PHI") and to provide you with this Notice describing our legal duties and privacy practices regarding your health information. We are required to abide by the terms of this Notice while it is in effect. This Notice applies to all records of care we generate, whether created by our staff or received from another provider, and to all forms in which that information is held, including paper and electronic records.

This Notice is provided under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations, and under California law, including the California Confidentiality of Medical Information Act ("CMIA", Civil Code section 56 et seq.) and the Patient Access to Health Records Act. Where California law is more protective of your privacy than HIPAA, we follow the more protective California standard.

How We May Use and Disclose Your Health Information

The following categories describe the ways we are permitted to use and disclose PHI without your specific written authorization. Not every use or disclosure in a category is listed, but all permitted uses fall within one of the categories below.

- **Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your dental care, including consultation with and referral to other health care providers involved in your treatment.
- **Payment.** We may use and disclose your PHI to obtain payment for services, including billing, claims submission to your dental benefit plan, and eligibility or coverage determinations.
- **Health Care Operations.** We may use and disclose your PHI to support the day-to-day operation of our practice, including quality assessment, staff training, licensing, and business management activities.
- **As Required by Law.** We will disclose PHI when required to do so by federal, state, or local law, including in response to a valid court order or subpoena.
- **Public Health and Safety.** We may disclose PHI to public health authorities for purposes such as preventing or controlling disease, reporting abuse or neglect, or as necessary to avert a serious threat to health or safety.
- **Health Oversight Activities.** We may disclose PHI to government agencies for oversight activities authorized by law, such as audits, licensure investigations, or inspections of our practice.
- **Judicial and Administrative Proceedings.** We may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement and Coroners.** We may disclose limited PHI to law enforcement officials or to a coroner or medical examiner as required or permitted by California and federal law, such as to identify a decedent or investigate a cause of death.

- **Workers' Compensation.** We may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation laws.
- **Business Associates.** We may share PHI with outside individuals or companies that perform services on our behalf (for example, billing services or dental laboratories). These business associates are contractually required to protect your information.

Uses and Disclosures That Require Your Written Authorization

Other than the uses and disclosures described above, we will not use or disclose your PHI without your specific written authorization. This includes, but is not limited to:

- Marketing communications about products or services, where such communications are considered marketing under HIPAA and California law;
- Sale of your PHI;
- Use of your photograph, image, radiographs, case details, or testimonial in any publication, website, social media post, or marketing material, even if presented anonymously or with identifying details removed;
- Disclosure of psychotherapy notes, if applicable; and
- Any other use or disclosure not described in this Notice.

Any authorization you provide may be revoked in writing at any time, except to the extent we have already relied on it. A separate, specific authorization form — distinct from this Notice and from any general consent for treatment, payment, or operations — will be used for these purposes, consistent with the California Confidentiality of Medical Information Act (Civil Code section 56.11) and HIPAA (45 CFR 164.508).

California law also prohibits us from soliciting your health information for direct marketing purposes unless we inform you of the intended use of the information and obtain your permission.

Your Rights Regarding Your Health Information

- **Right to Request Restrictions.** You may ask us to restrict how we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree, except where you have paid out of pocket in full for a service and request that we not disclose that information to your dental benefit plan, in which case we must honor the restriction.
- **Right to Request Confidential Communications.** You may ask us to communicate with you about your health information in a specific way or at a specific location (for example, contacting you only at a certain phone number or address).
- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your dental records, with limited exceptions. Under California law, we will make records available for inspection within five (5) working days, and provide copies within fifteen (15) days, of receiving your written request. As an alternative, you may request a written summary of your record, which will be provided within ten (10) working days, or up to thirty (30) days for larger records; a reasonable fee based on actual preparation cost may apply. We may not withhold your records because of an outstanding account balance.
- **Right to Request Amendment.** You may ask us to amend your health information if you believe it is incomplete or incorrect. We will respond within sixty (60) days. We may deny the request in certain circumstances, and you will be informed of your rights if a request is denied.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures of your PHI made outside of treatment, payment, and health care operations. We will respond within sixty (60) days, with a possible thirty (30) day extension. The first accounting in any 12-month period is free; a reasonable fee may apply to subsequent requests.
- **Right to a Paper Copy of This Notice.** You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- **Right to Be Notified of a Breach.** You have the right to be notified if we discover a breach of your unsecured PHI, as required under HIPAA and California law (including Civil Code section 1798.82 and the CMIA).
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer using the contact information below, or with the U.S. Department of Health and Human Services, Office for Civil Rights, or with the California Attorney General's Office. You will not be retaliated against for filing a complaint.

Additional Protections Under California Law

California law provides privacy protections in addition to, and in some respects stricter than, HIPAA. In particular:

- The Confidentiality of Medical Information Act (CMIA) generally requires our practice to obtain your written authorization before disclosing your medical information for purposes not otherwise permitted by law, and limits the validity of most authorizations to one year unless a different date is specified or the authorization relates to a clinical trial.
- Certain categories of information — including information related to HIV/AIDS testing, mental health, and drug or alcohol treatment — receive heightened confidentiality protection and generally may not be released without your specific, separate consent.
- If you are a minor, you may have the right under California Family Code to consent to certain care and to control the release of related records independently of a parent or guardian, depending on the type of care involved.
- You have a private right of action under the CMIA if your medical information is used or disclosed without authorization in violation of California law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing, and you may revoke that permission in writing at any time.

Changes to This Notice

We reserve the right to change this Notice at any time, as permitted by law. Any revised Notice will apply to PHI we already have as well as PHI we create or receive in the future. A current copy of this Notice will be posted in our office and on our website, and will be available upon request.

Questions or Complaints

Privacy Officer: Doris Lin, DDS
Address: 2242 Camden Ave #101, San Jose, CA 95124
Phone: (408) 819-3443
Email: drlin@fantasticfamilydental.com

You may also contact the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, 1-877-696-6775, www.hhs.gov/ocr/privacy/hipaa/complaints/, or the California Attorney General's Office, Privacy Enforcement and Protection Unit, oag.ca.gov.

ACKNOWLEDGMENT OF RECEIPT

OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received and had the opportunity to review a copy of Fantastic Family Dental's Notice of Privacy Practices, describing how my protected health information may be used and disclosed.

Patient Name (print): _____

Signature of Patient or Legal Representative: _____

If signed by a representative, relationship to patient: _____

Date: _____

For Office Use Only — Good Faith Effort Documentation

Complete this section only if a written acknowledgment could not be obtained.

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

_____

Staff Signature: _____ Date: _____