

JANETTE PINEDO DDS, INC.

3400 Lomita Blvd, Suite 406 – Torrance, Ca. 90505

NOTICE OF PRIVACY PRACTICES (HIPAA)

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 IT CAREFULLY.

OUR LEGAL DUTY

JANETTE PINEDO DDS, INC. is required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you notice about our privacy practices, our legal duties and your rights concerning your health information. This notice takes effect in 2003 and will remain in effect until we replace it.

USES AND DISCLOSURES

Treatment: We may use or disclose your dental health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your dental health information to obtain payment for services we provide to you.

Health Care Operations: We may use and disclose dental information about you in connection with our care operations to make sure that all of our patients receive quality care.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or dental care at our facility.

Treatment Alternatives: We may use your dental information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Marketing Activities: We will not use your medical information for social media or marketing communications without your written approval.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a family member or your personal representative who is involved in your medical care. If you are present, we will provide you with an opportunity to object to such uses of disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a professional judgment disclosing only health information that is directly relevant to person's involvement in your healthcare.

As required by Law: We will disclose medical information about you when required to do so by federal, state or local law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health of safety of other.

PATIENTS RIGHTS

Access: You have the right to look at or get copies of your dental health information, with limited exceptions. You may request in writing that we provide copies in a format other than photocopies. We may charge a fee for the costs of copying, mailing or other fees associated with your request.

Amendment: You have the right to request an amendment if you feel your dental health information with us is incorrect or incomplete.

Restrictions: You have the right to request a restriction or limitation on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by your agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate about your dental matters in a certain way or at a certain location. Request must be in writing.

If you want more information about our privacy practices or have questions or concerns, please contact us. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint.