

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Get an electronic or paper copy of your medical record: A. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. B. We will provide a copy or a summary of your health information, usually within 30 days of your request.
2. Ask us to correct your medical record: A. You can ask us to correct health information about you that you think is incorrect or incomplete. B. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
3. Request confidential communications: A. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. B. We will say “yes” to all reasonable requests.
4. Ask us to limit what we use or share: A. You can ask us not to use or share certain health information for treatment, payment, or our operations. B. We are not required to agree to your request, and we may say “no” if it would affect your care. C. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. D. We will say “yes” unless a law requires us to share that information.
5. Get a list of those with whom we’ve shared information: A. You can ask for a list (accounting) of the times we’ve shared your health information, who we shared it with, and why. B. We will include all the disclosures except for those about treatment, payment, and health care operations.
6. Choose someone to act for you: A. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. B. We’ll make sure the person has this authority and can act for you before we take any action.
7. File a complaint if you feel your rights are violated: Write a letter and mail to the U.S. Dept. of Health and Human Services Office for Civil Rights 200 Independence Ave. S.W. Washington, D.C. 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Our Uses and Disclosures

How do we typically use or share your health information?

Treat you	We can use your health information and share it with other professionals who are treating you.	i.e.: A Dr. treating you for an injury asks another Dr. about your overall health condition.
Run our office	We can use and share your health information to run our practice, improve your care, and contact you when necessary.	i.e.: We use health information about you to manage your treatment and service.
Bill for your services	We can use and share your health information to bill and get payment from health plans or other entities.	i.e.: We give information about you to your health insurance plan so it will pay for your services.
Help with public help or safety issues	We can share health information about you for certain situations such as: preventing disease , helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone’s health or safety.	
Do research	We can use or share your information for health research.	
Comply with the law	We will share information about you if state or federal law requires it, including with the Department of Health and Human Service if it wants to see that we’re complying with federal privacy law.	
Address worker’s compensation, law enforcement, and other government requests	We can use or share health information about you: <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services 	
Respond to law suits or legal actions	We can share health information about you in response to a court or administrative order or in a response to a subpoena.	

YOUR INFORMATION

YOUR RIGHTS

OUR RESPONSIBILITIES

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

- 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. Effective: December 1, 2018

This Notice of Privacy Practices applies to the following organizations:
PACIFICA ORTHODONTICS

Pacifica Orthodontics

Dr. Peter Trinh, D.D.S., M.S.
1301 Palmetto Ave. Suite F
Pacifica, CA 94044
650-898-8951
pacificaorthodontics.com



Notice of Privacy Practices for Protected Health Information

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.

Copies of this privacy notice are available to you.