

The Endodontic Center of Pleasanton
Lauren T. Phan, DDS APDC
Notice of Privacy Practices

All information that is obtained from you by this office is protected and kept confidential. Every reasonable measure to prevent unauthorized disclosure of your protected health information is practiced.

Uses and Disclosures

- Your protected health information is accessed and used for healthcare related purposes only
- Your protected health information is never sold, rented, transferred, exchanged and/or use for non-healthcare related purposes including marketing activities without your written authorization.
- Your protected health information is disclosed to third-party entities without your written authorization for the purpose of treatment, to obtain payment for treatment and for healthcare operation.

Certain Circumstances

- Medical emergencies
- In situations required by law
- Individuals involved in your care
- When required by public agency
- When required by law enforcement agency
- If this practice is sold, your information will become the property of the new owner

For any purpose other than treatment, obtaining payment, healthcare operations, or certain circumstances, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose protected health information, you can revoke that authorization in writing at anytime.

We may use your information to contact you. For example, we may send newsletter or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the phone.

Patients Rights

You have the right to request the following in writing:

- Copy of your health information*
- An alternate means or location to receive communications regarding your health information.*
- To amend, correct or delete any recorded health information within our process*
- To restrict some of the uses and disclosures of your health information.*
- An accounting of certain disclosures of your health information that were made by this office.*

**Condition and limitation may apply: obtain additional information from the front desk.*

You may file a complaint with the Department of Health and Human Services, 200 Independence Ave., S.W. Room 509 F, Washington DC, 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer.

Changes to this Notice: We reserve the right to change privacy practices and the conditions of this notice at any time and without prior notice. In the event of changes, an update will be posted and a copy will be sent to you.

I, _____ do hereby agree to the terms set forth above and any subsequent changes in the office policy.

(Signature) _____ (Date) _____