

NOTICE OF PRIVACY PRACTICES

Patient Rights & Health Information Privacy under HIPAA and California CMIA

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

OUR LEGAL DUTY

We are required by applicable federal and California law to maintain the privacy of your protected health information (PHI). We are also required to provide you with this Notice detailing our privacy practices, legal obligations, and your structural rights concerning your health information. We are legally bound to follow the privacy practices described herein while this Notice remains in effect. This Notice is effective immediately and will remain in effect until replaced or modified.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changed privacy practices and new terms effective for all health information we maintain, including information created or received before the modifications. Before making any significant policy adjustments, we will revise this Notice, post the updated version prominently within our clinical facility, publish it on our active website, and make physical copies dynamically available upon request.

OUR USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you strictly as necessary for your treatment, the collection of payment, and the operational management of our healthcare practice. Examples include:

Treatment

We may use or disclose your health information directly to a physician, dentist, oral surgeon, or other healthcare provider actively rendering or coordinating your clinical treatment.

Payment

We may use and disclose your health information to verify insurance coverage, obtain prior authorizations, and process billing claims to secure payment for the clinical services we provide to you.

Healthcare Operations

We may use and disclose your health information in connection with our essential healthcare operations. Operations include, without limitation, quality assessment, peer-review clinical improvement activities, practitioner competence evaluations, professional licensing, internal training programs, and clinical credentialing activities.

Your Explicit Authorization

Beyond standard treatment, payment, or healthcare operations, you may grant us explicit written authorization to disclose your health information to any individual for any specified purpose. Certain disclosures—such as marketing communications, the sale of PHI, or the sharing of psychotherapy notes—legally mandate your explicit written authorization. You maintain the right to revoke such authorizations in writing at any time; however, revocations will not impact disclosures already executed while the authorization was legally active.

Family, Friends, and Persons Involved in Care

We may disclose relevant portions of your health information to a family member, close friend, or any personal representative involved in your care or payment coordination, provided you agree or do not object when given the opportunity. If you are unavailable, incapacitated, or in an emergency situation, we will exercise professional judgment to disclose only information directly relevant to that person's involvement in your care. We will also utilize our professional expertise to allow designated third parties to pick up prescriptions, diagnostic X-rays, or medical supplies on your behalf.

Required by Law & Public Safety

We will disclose your health information when strictly required to do so by federal, state, or local law. This includes mandated reporting to appropriate authorities if we reasonably suspect abuse, neglect, or domestic violence, or when necessary to avert a serious, imminent threat to your health and safety or the safety of the public.

National Security and Law Enforcement

Under precise legal parameters, we may disclose the health information of Armed Forces personnel to military authorities. We may also disclose required PHI to authorized federal officials for lawful intelligence, counterintelligence, and designated national security operations, or to law enforcement officials possessing valid statutory authority.

Appointment and Clinical Reminders

We may use and disclose your health information to contact you with direct appointment reminders or outstanding treatment notifications via automated or manual modalities, including voicemail, text messages, email, or physical mailers.

PATIENT RIGHTS UNDER FEDERAL AND STATE LAW

Right of Access: You have the right to inspect or obtain copies of your health information, with limited statutory exceptions. Requests must be submitted in writing. In alignment with California Health and Safety Code § 123110, you have the right to inspect your records within five (5) business days of our receipt of your written request, and to receive copies within fifteen (15) calendar days. If your records are maintained electronically, you possess the right to receive them in a clear, standard electronic format.

Breach Notification: You have an absolute right to be promptly notified following any unauthorized acquisition, access, use, or disclosure that compromises the security or privacy of your unsecured protected health information.

Right to Restrict Disclosures: You have the right to request additional restrictions on how we use or disclose your PHI. While we are generally not required to agree to supplemental restrictions, **we must honor your request** if you instruct us not to disclose information to your health insurance plan for a service, treatment, or item for which you have personally paid our practice entirely out-of-pocket and in full.

Alternative Communications: You have the right to request that we communicate with you regarding your health information via alternative modalities or to specific confidential locations (e.g., a specific mailing address or private phone number). These requests must be made in writing and must outline logistical arrangements for handling any associated administrative or payment matters.

Right of Amendment: If you believe your clinical or billing records contain inaccurate or incomplete data, you have the right to request a formal amendment. This request must be submitted in writing and must explicitly state the justification for the change. We may deny requests under permitted statutory conditions, in which case we will provide a comprehensive written explanation within 60 days.

Accounting of Disclosures: You maintain the right to receive a historical accounting of instances in which we or our recognized business associates disclosed your health information for purposes other than standard treatment, payment, healthcare operations, or explicit authorizations over the past six (6) years. We provide one accounting free of charge within any 12-month period; subsequent requests may incur a reasonable, cost-based administrative fee.

QUESTIONS AND PRIVACY COMPLAINTS

If you desire further clarification regarding our comprehensive privacy practices or wish to voice a specific concern, please contact our designated Privacy Official using the contact information detailed below.

If you firmly believe that your privacy rights have been compromised or violated, you possess the legal right to file a formal complaint directly with our clinic or with the Secretary of the U.S. Department of Health and Human Services (Office for Civil Rights). We fully support your right to data privacy and explicitly state that under no circumstances will our practice engage in retaliation or intimidation against any patient filing a legitimate compliance complaint.

Practice Entity:

Rivero DMD Inc.
dba The Dental Extraction Clinic

Designated Privacy Official: Office Manager

Facility Location:

3560 Fairmount Ave, Suite B
San Diego, CA 92105

Telephone: 619-877-0124