



1253 W. El Camino Real, Suite B Sunnyvale, CA 94087

(650)938-3000

---

## NOTICE OF PRIVACY PRACTICES (HIPAA)

This notice describes how your health information may be used and disclosed, and how you can access this information. At our office, we are required by law to keep your health information secure and confidential. We need to give you this notice and to follow the terms of this notice. Before making a significant change in our privacy practices, we will change this notice and make the new one available upon request. You may request a copy of our notice at any time. Please review it carefully.

The law permits us to use or disclose your health information to those involved in your treatment. We may use or disclose your health information for payment of your services. We may use or disclose your health information for our normal health care operations.

We may use your information to remind you of a dental appointment. We may contact you by using a letter, voicemail, text message or email. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. We may use and disclose health information about you by asking that you sign an intake sheet at our office.

In an emergency, we may disclose your health information based on a determination using our professional judgment to a family member or another person responsible for your care. We will need to release some or all of your health information, when required by law. We may, and are sometimes legally obligated to, disclose your health information to public health agencies and appropriate authorities for reporting abuse or neglect and domestic violence. If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you want a copy, we may charge you a reasonable fee for the copies, postage and/or staff time. You may request in writing that we not use or disclose some or all of your health information as described above. We will let you know if we can fulfill your request. We are not required to agree to these additional restrictions. You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

You have the right to receive communication about your health information in the manner and method you prefer. You have the right to transfer a copy of your health information to another practice. You have the right to request that we amend your health information. Please make all requests in writing. We may deny your request under certain circumstances. If our privacy and security measures or systems are breached in any way, we will notify you. If you receive this notice on our website or by e-mail, you are entitled to receive a copy in written form.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may send a written complaint to our office or to the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Please contact our Privacy Officer at (650) 938-3000 or [luxedentalcare@gmail.com](mailto:luxedentalcare@gmail.com) for more information, to make a request, to file a complaint with us or for assistance regarding your health information privacy.