Your Information. Your Rights. Our Responsibilities.

This notice of our privacy practices describes how your protected health information may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective date: 04-13-2026

Your Rights	**You have the right to:** • Get a copy of your record. • Get a copy of this privacy notice. • Correct information in your record. • Choose someone to act for you. • Request confidential communication. • File a complaint if you believe your privacy rights have been violated. • Ask us to limit the information we share. • Get a list of those with whom we have shared your information.
Your Choices	**You have some choices in the way that we use and share information as we:** • Tell family and friends about your condition. • Provide disaster relief. • Market our services and sell your information.
Our Uses and Disclosures	**We may use and share your information as we:** • Treat you. • Respond to organ and tissue donation requests • Run our organization. • Work with a medical examiner or funeral director • Bill for your services. • Address worker's compensation, law enforcement, and other government requests. • Help with public health and safety issues. • Do research. • Respond to lawsuits and legal actions • Comply with the law.

Las Positas Family Dental complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

English: Our dental practice will provide language assistance services free-of-charge to individuals who do not speak English well enough to discuss the dental care we are providing.

Spanish: Nuestro consultorio dental les proporcionará servicios de asistencia lingüística gratuitos a los individuos que no hablen inglés con suficiente fluidez para discutir la atención dental que proporcionamos.

Chinese: 我们的牙科业务将为英语不太流利的人士提供免费的语言协助服务，以方便讨论我们提供的牙齿护理服务。

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.

Get an electronic or paper copy of your record

- You can ask to see or get an electronic or paper copy of your record. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- 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.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- 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. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- 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.
- We will verify the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/ privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

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.

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. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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

- Marketing purposes.
- Sale of your information, except as part of a practice sale or merger.
- Substance use disorder treatment information in your record.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat you We can use your health information and share it with other professionals who are treating you. The dentist may refer you to another dentist who specializes in treating certain types of cases, or may consult with your physician when you are scheduled for dental surgery.

Run our organization We can use and share your health information to run our practice, improve your care, and contact you when necessary.

For example, we may use secure third-party services and technology tools—including artificial intelligence (AI) and voice-assisted systems—to manage appointment reminders, patient communications, scheduling, and clinical documentation. These tools may capture and process information discussed during your visit (such as for periodontal charting or clinical notes). This information becomes part of your confidential patient record and is used only for treatment, payment, and healthcare operations.

We may also record or monitor phone calls with our office for purposes such as quality assurance, staff training, appointment coordination, and patient care. Any recordings that include your health information are maintained as part of your record and protected in accordance with applicable privacy laws.

When we use third-party service providers, we require them to comply with applicable privacy and security laws and to safeguard your information through appropriate agreements.

Bill for your services We can use and share your health information to bill and obtain payment from health plans or other entities. For example, we provide necessary information to your dental or medical insurance plan so it will pay for the services we provide.

If needed, we may also share limited information with billing services or collection agencies to obtain payment for services provided. We only share the minimum information necessary and require these parties to protect your information in accordance with applicable privacy and security laws.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet specified conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and 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.
- 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 laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Work with a medical examiner or funeral director We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- 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 and national security.

Respond to lawsuits and legal actions We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will not send you unsecured emails containing your protected health information without obtaining your informed consent.
- 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.
- We are required to comply with California law which places further restrictions on the use and disclosure of your information. For example, we may not share without your written consent any information we hold regarding treatment for mental health or substance abuse, abortion, contraception or gender-affirming care.

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.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us at:

Privacy Officer: Dr. Thi Hoang

Telephone: 925.449.7900

Email: info@laspositasfamilydental.com

Address: 2832 Las Positas Rd, Livermore, CA 94551

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, 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/ complaints/. We will not retaliate against you for filing a complaint.

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CALIFORNIA

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Vietnamese:
Thực hành nha khoa của chúng tôi sẽ cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho những người không có khả năng nói tiếng Anh đủ tốt để thảo luận việc chăm sóc răng miệng mà chúng tôi đang cung cấp.

Tagalog:
Ang aming dental na kasanayan ay magbibigay ng walang bayad na mga serbisyong tulong na wika sa mga indibidwal na hindi nakakapagsalita ng maayos na Ingles upang talakayin ang ibinibigay naming dental na pangangalaga.

Korean:
저희 치과는 저희가 제공하는 치과 치료에 대해 영어로 논의하기가 불편하신 분들을 위해 무료 언어 지원 서비스를 제공할 것입니다.

Armenian:
Մեր ատամնաբուժական պրակտիկան կտրամադրի անվճար լեզվական ծառայություններ բոլոր այն անձանց ովքեր անգլերեն
բավարար չեն տիրապետում մեր կողմից տրամադրվող ատամնաբուժական խնամքի շուրջ հարցեր քննարկելու:

Persian (Farsi):
رمکزخدمات دندانپزشکیماخدمات کمک زبانی را به صورت را ان ای افرادی فراهمیآ دکهانگلیسی را با تسلط صحبت نمیکند تا در مورد مراقبت های د انی که ارائه ذ
می‌کـ یم گفتگو کنند.

Russian:
Наша стоматологическая клиника бесплатно предоставляет клиентам, которые не достаточно хорошо говорят на английском языке, услуги переводчика, чтобы помочь им обсудить предоставляемую нами стоматологическую помощь.

Japanese:
当社の□科治療では提供している□科ケアに関して話し合える程度の英語力のない方に無料で言語サポートサービスを提供していま。

Arabic:
سوف تقدم عيادة طب الأسنان مساعدة لغوية مجانية لأولئك ا.مه
الذين لا يجيدون الإنكليزية من أجل مناقشة خدمات العناية
بالأسنان التي نقد

Punjabi:
ਉਰ ਡ%ਟਲ ਪ)ੈਕਿਟਸ ਿਵਲ ਪੇ)ਵੀਦੇ ਲ%ਗੂਏਜ ਅੱਸੀਸਟ%ਸ ਸਰਿਵਸਜ਼ ਫ)ੀ-ਓਫ-ਚਾਰਜ ਤ@ ਇੰਿਡਵਦੁਲਸ ਹੁ ਦੋ ਨ ਸਪੈਿਕ ਇੰਗਿਲਸ਼ ਵੈFਲ ਏਨੈੱਘ ਤ@ ਿਡਸਕਸ ਥੇ ਡ%ਟਲ ਚਾਰੇ ਵੀ ਰੇ
ਪ)ੇਵੀਡੀਨਗ.

Mon-Khmer:
គ" និ[កធ)ញ្ញើយ,ងខ/ ុំនឹងជ4ល់នូវេស:ជំនួយែផ>ក?@IAយឥតគិតៃថ"ជូនដល់អតិថិជនH> ក់ៗដែលមិនេចះនិMយ?@អង់ចNស់Oស់ ដេ,មPីពេRS:ពិ?កTS> អំពីបVW សេ:តៃំហាYធេ)ញ្ញើដេលើយ,ងខ/ ុំកំពុងជ4ល់ជូន។

Hmong:
Ang aming pagsasanay ukol sa ngipin o dental practice ay magbibigay ng libreng mga serbisyong tulong sa mga indibiduwal na hindi masyadong nakakapagsalita ng Ingles upang talakayin ang pangangalaga sa ngipin na aming ibinibigay.

Hindi:
हमारे दंत)च+क-छालय के 1भार3, जो 6य7ती अ-छ: तरह ;<ल3श बोल नह3 सकते है उनको, हम जो दंत)च+क-छा देखभाल 1दान कर रहे है उसके बारेमD बात करनेके Eलये बीना कोई फ़Hस भाषा सहायता सेवाएं 1दान करDगे |

Thai:
แนวปฏิบัติด้านทันตกรรมของเราจะให้บริการช่วยเหลือด้านภาษาฟรีแก่บุคคลทีDพูดภาษาอังกฤษไม่ชำนาญเพียงพอทีDจะหารือเกีDยวกับบริการทันตกรรมของเรา