



DIAMOND DENTAL

of Sacramento

SHEETAL PADVAL DDS INC
2711 Watt Avenue, Sacramento, CA 95821
916-483-5900

Patient Privacy Policy

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THESE ARE FEDERAL REGULATIONS. PLEASE REVIEW THEM CAREFULLY. PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice takes effect on June 1st, 2023, and will remain in effect until we replace it. 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 changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change the Notice and make a new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of the Notice, please contact us by using the information listed at the end of the Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a dentist, physician, or and their healthcare provider providing treatment for you.

Payment: We may use and disclose your health information to obtain payment for services we provide for you.

Health care operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Business associates: Our office may disclose your health information to a business associate or specialist or allow the business associate or specialist to create or receive your health information if the business associate or specialist has agreed in writing to appropriately safeguard your information.

Your authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorizations to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a return authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

To your family and friends: We must disclose your health information to you, as described in the patient rights section of the Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons involved in care: We may disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up fill prescriptions, medical supplies, X-rays, other similar forms of health information.

Marketing health related services: We will not use your health information for marketing communications without your consent.

Required by law: We may use or disclose your health information when we are required to do so by law obedient this may include reporting to:

- public agencies for child or adult abuse, on duty, neglect, or domestic violence
- health oversight agencies
- military and federal officials for lawful intelligence, national security call mom or veteran's activities
- correctional institutions regarding inmates
- other organizations for legitimate call mom legal purposes as permitted or required by law.

Appointment reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Patient schedule / directory: Our office may use or disclose your health information to maintain a directory of patients in the office.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited expectations. (You must make a request in writing to obtain access to your health information. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you for the most recent and pertinent radiographs or for a copy of the complete chart for staff time to locate and copy your health information, and postage if you want the copies mailed to you).

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing). Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. 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 of disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to the U.S. Department of Health and Human Services.

Contact officer:

Sheetal Padval, DDS
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(916) 483-5900