

**Yass Dastmalchi, DDS**  
**Practice Limited to Endodontics**

## **Notice of Privacy Practices**

This notice explains how your health information may be used and disclosed by our office and how you can gain access to this information. Please take a few minutes to review it carefully.

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**Our legal obligations:**

By law we are required to protect the privacy of your records and health information, which we have in our possession. We are also obligated to inform you of how we protect your privacy, how we use or disclose your information and how you can gain access to this information. We are required to abide by the terms of the Notice of Privacy Practices as it is currently in effect. Unless otherwise notified this Notice of Privacy will remain in effect in our office. Please contact the office if you have any questions or would like another copy of this Notice.

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**Legal uses and disclosures of your health information:**

**Treatment:** We may use or disclose your health information to provide you with treatment and/or services. We may use or disclose your health information to another person or entity providing treatment to you such as physician or other healthcare provider, a lab technician or for prescriptions. We may also use and disclose your health information to tell you about and recommend alternative treatment options that may be of interest to you.

**Payment:**

We may use or disclose your health information to obtain payment for services and treatments we have provided to you. This includes any third party payer.

**Healthcare Operations:**

We may use and disclose your information for the purposes of healthcare operations. These include but are not limited to any quality assessments and improvements, evaluating healthcare provider performance and competence, conducting training programs, accreditation, and certification, licensing or credentialing activities.

**Appointment Reminders:**

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

**Required by law, Judicial and Administrative Proceedings:**

We may use and disclose your health information when we are required to do so by law, through a court order, subpoena and the like.

**Workers compensation:**

We may release your health information for workers compensation or similar programs.

**Public Health:**

We may disclose your health information to prevent or control injury or disease, or to notify a person of exposure to a health concern.

**Health Oversight Activities:**

We may disclose health information related to governmental audits and investigations.

**Law Enforcement and National Security:**

We may disclose your health information to assist law enforcement in any lawful activity. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Uses and Disclosures about Decedents:**

We may disclose your health information to assist in the identification of a deceased person or help to ascertain the cause of death.

**Research:**

We may disclose your health information to determine whether certain clinical studies and treatment may be of benefit to you.

**Abuse and Neglect:**

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**To Your Family and Friends:**

We must disclose your health information to you as described in the Patient Rights section of this 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 we will only disclose the amount of said information that is directly relevant to such person's involvement in your care and only if you agree that we may do so.

**Persons Involved in Care:**

We may use or 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 with 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 filled prescriptions, medical supplies, X-rays or other similar forms of health information.

**Your Authorization:**

Your written authorization is strictly required for us to use or disclose your health information to anyone for any purpose other than the above-mentioned categories. You may revoke your authorization at any time, this, however, will not affect any use or disclosures permitted by your authorization while it was in effect.

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**Patient Rights:**

You have the following rights regarding your health information:

**Access:**

You have the right to look at or get copies of your health information, with limited exceptions. To inspect or copy your records you must submit your request in writing to the Privacy Officer listed at the end of this Notice. We may charge you a reasonable fee if you request a copy of your records. Furthermore, we may charge you any other fees arising out of your request, such as mailing. You may request that we provide you copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. We may deny your request in certain limited circumstances, however if you are denied access you may request the denial be reviewed.

**Accounts of disclosures:**

You may request a list of non-routine disclosures that we have made of your health information over the past 6 years. This does not include disclosures we make for your treatment, to seek payment for our services, or for our normal business and healthcare operations as outlined in the permitted uses section of this notice, or for those you authorize in writing. Your request must be in writing directed to the Privacy Officer listed in this Notice and may not be for a time period longer than the last 6 years. You may not request an accounting of any disclosures prior to April 14, 2003. We may charge a reasonable fee, to cover our cost, for responding to more than one request within a 12 month period.

**Restriction:**

You may request that we place additional restrictions on our use of disclosure of your health information. You also have the right to request we limit the information we disclose about you to a family member or person in charge of your care. Any request for restriction of your health information must be in writing, listing what information you want restricted. This should be addressed to the Privacy Officer listed in this Notice. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement unless disclosure is necessary in the case of an emergency situation.

**Alternative Communication:**

You have the right to request that communications between our office and yourself be through an alternative means or to an alternate location, for example to call you at work rather than at home. This request must be made in writing, specifying how you want to be contacted. We will attempt to honor all reasonable requests.

**Amendment:**

If you feel the health information we have about you is incorrect or incomplete, you have the right to request that we amend your health information. Your request must be in writing and must explain why you feel the information should be amended. We may deny your request under certain circumstances. If we deny your request you may file a statement of disagreement with us and this may become part of your health record.

**Electronic Notice:**

You have the right to receive a paper copy of this Notice. Even if you received this Notice on our web site you are still entitled to receive a paper copy. If you would like a current copy of this Notice please contact the Privacy Officer.

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**Changes to this Notice:**

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by the 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. We will post a copy of the current Notice with the new effective date upon making any changes in our privacy practices and we will change this Notice and make the new Notice available upon request.

**Questions and Complaints:**

If you want more information about our privacy practices or have questions or concerns, please contact us at the number below. 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 complain to us using the contact information listed at the end of this Notice. All complaints must be in writing. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. There will be no retaliation on our part if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Privacy Officer: Rhonda Coe**

**Tel: 925-299-0193**

**Fax: 925-299-0793**

**Address: 3505 School Street, Lafayette, Ca 94549**

