

JONATHON EVERETT LEE, D.D.S., INC.  
BRIAN D. LEE, D.D.S., M.S.D., INC.

## Integrated Child Healthcare Arrangement

### NOTICE OF PRIVACY PRACTICES

***This notice describes how medical-dental information about you, your child, or any patient for whom you are responsible, may be used and disclosed and how you can get access to this information. Please review it carefully.***

This formal notice, as required by law, explaining how we may use and disclose your PROTECTED HEALTH INFORMATION to carry out treatment, payment, or health care operations, and for other purposes permitted by law. It also describes your rights to access and control your PROTECTED HEALTH INFORMATIONS (“PHI”).

The terms of this Notice apply to all of the following corporate entities (hereafter collectively referred to as “DR LEE’S OFFICE”) which have voluntarily elected to operate as an integrated health care arrangement for purposes of the Privacy Notice.

Jonathon Everett Lee, D.D.S., Inc.  
DBA Happy Healthy Teeth; Bay Area Pediatric Dental Wellness Group  
Brian D. Lee, D.D.S., M.S.D., Inc.

**Protected Health Information.** Hereafter noted as “PHI” or “your PHI”, is information about you or a patient for whom you are responsible, including demographic or billing information, that may individually identify you or the patient, and that relates to past, present, or future health conditions and related health care services and payment.

This serves as notice of our intent to maintain all medical-dental records and information in the strictest of confidence.

#### HOW WE MAY USE AND DISCLOSE YOUR PHI

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical-dental information. Dentists make a record of the care they provide and may receive your medical-dental information from others. These records and information are used to provide care or to assist others who are caring for you, and to obtain payment for services provided to you. This medical-dental information is also used to enable us to meet our professional and legal obligations in conducting our dental practice.

**For Treatment.** We will use PHI to provide, coordinate or manage health care and any related services. This includes communication with other dentists, physicians, office staff, or providers of services (specialists, laboratories, facilities, pharmacies, etc.) who provide care or services requested by your physician. For example, your doctor or nurse or social worker may provide medical-dental information to your other doctors or health care providers to coordinate your care. We may also disclose medical-dental information to members of your family or others assisting in your care.

**For Payment.** We will use PHI to obtain payment for the services we provide, either when payment is made directly by your health plan, or when assisting you or your other health care providers to obtain reimbursement. This may include pre-treatment reviews or authorizations, determination of eligibility and coverage, reviewing services provided to you for medical-dental necessity, and undertaking utilization reviews activities. For example, we may contact your insurance company before an office or home visit, or surgery, or testing, to determine the need to pre-certification or to determine whether your plan will cover the services.

**Health Care Operations.** We will share your PHI as necessary for medical-dental reviews, legal services and audits, compliance programs, and business planning and management. Medical-dental information may be shared with other health care providers or health plans when necessary to their quality assessment and improvement activities, including efforts to improve health or reduce health care costs.

**Abuse or 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.

**Sign In Sheet and Announcement.** Upon arriving at our office, we may use and disclose medical information about you by asking that you sign an intake sheet or computer check in at our front desk. We may also announce your name when we are ready to see you.

**Appointment Reminders.** If appointments are made directly with your anesthesiologist, we may use and disclose medical-dental information to contact to remind you about your appointment, and we may leave this information on your answering machine or in a message left with the person answering the phone.

**Business Associates.** We will share your PHI with third party ‘business associates’ who perform various activities (e.g., billing, transcription) for us. Whenever an arrangement with a business associate involves the use or disclosure of PHI, we will have a written contract that contains terms that will protect the privacy of this PHI.

**Others Involved in Your Healthcare.** Unless you request otherwise, we may disclose, to a member of your family, relative, or close friend or any other person you identify, PHI that directly relates to that person’s involvement in the patient’s health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that is in the patient’s best interest based on our professional judgment. We may disclose the patient’s location, and general condition to notify or assist in notifying a family member, personal representative, or any other person that is responsible for the patient.

**Unsecured Email.** We will not send you unsecured emails pertaining to your health information without your prior authorization. If you do authorize communications via unsecured email, you have the right to revoke the authorization at any time.

**Communication Barriers:** We may use and disclose your PHI if we or your physician or another physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

**Emergencies. Your consent is not required before using or disclosing PHI in an emergency treatment situation.** We will attempt to obtain consent, but will proceed with treatment and use and disclosure of PHI as needed. If this happens, we will try to obtain your consent or objection as soon as reasonably possible.

**Goods and Services.** Unless you object, we may use and disclose your PHI to provide you with information about treatment alternatives or other health related benefits and services we offer. For example, your name and address may be used to send you a newsletter about a product or service that may be beneficial to you. If you are currently an enrollee of a dental plan, we may receive payment for communications to you in relation to our provision, coordination, or management of your dental care, including our coordination or management of your health care with a third party, our consultation with other health care providers relating to your care, or if we refer you for health care. We will not otherwise use or disclose your health information for marketing purposes without your written authorization. We will disclose whether we receive payments for marketing activity you have authorized.

**Change of Ownership.** If this dental practice is sold or merged with another practice or organization, your health records will become the property of the new owner. However, you may request that copies of your health information be transferred to another dental practice.

**Revoking Consent.** You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time. If you do revoke your Consent, we will not be permitted to use or disclose information for purposes of treatment, payment or healthcare operations, and we may therefore choose to discontinue providing you with health care treatment and services.

Other uses and disclosures of PHI will be made only with your written Authorization, unless otherwise permitted or required by law as described herein. You may revoke an Authorization at any time, in writing.

#### WE MAY USE AND DISCLOSE PHI IN THE FOLLOWING SITUATIONS WITHOUT YOUR CONSENT OR AUTHORIZATION:

**AS REQUIRED BY LAW.** We may disclose PHI when required to do so by federal, state or local law. In some cases, you will be notified of such disclosures. Some areas that require release include gun shot wounds, domestic violence, and victims of abuse and neglect. We may disclose your PHI to your employer if we have provided health care to you for a work-place injury or illness.

**PUBLIC HEALTH.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or reports births,

deaths, non-accidental physical injuries, reactions to medications (for example, in cooperation with the FDA), or problems with products, or if we suspect a serious risk to public safety.

**HEALTH OVERSIGHT.** We may disclose PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

**LEGAL PROCEEDINGS.** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court, subpoena, discovery request or other lawful process, subject to all applicable legal requirements.

**LAW ENFORCEMENT.** We may release PHI if asked to do so by a law enforcement official in response to a subpoena, warrant, summons or similar process, subject to all applicable legal requirements. We may also provide limited information for identification, location, or apprehension purposes, information pertaining to victims of crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on our premises, or regarding a medical-dental emergency (not on our premises) where it is likely that a crime has occurred.

**CORONERS, MEDICAL-DENTAL EXAMINERS AND FUNERAL DIRECTORS.** We may disclose PHI for identification purposes, determining cause of death or for these persons to perform their duties as authorized by law.

**HEALTH AND SAFETY.** We may disclose PHI, if permitted by federal and state laws, if we believe that this information is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.

**MILITARY, VETERANS, NATIONAL SECURITY, AND INTELLIGENCE.** We may disclose PHI of individuals who are or were Armed Forces, national security or intelligence personnel if requested by military command or other government authorities for the purposes of determination of eligibility for benefits, for activities deemed necessary by appropriate military command, or for conducting national security and intelligence activities (protection of the President or others legally authorized to receive protection). We may also disclose PHI to foreign military authorities if you are a member of that foreign military service.

**WORKER'S COMPENSATION.** We may disclose PHI as authorized to comply with worker's compensation laws and other similar legally established programs.

**INMATES.** We may disclose PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

**RESEARCH.** We may use or disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of the PHI. In this situation written authorization is not required as approved by an Institutional Review Board or privacy board.

**FUNDRAISING.** We may use or disclose demographic information and dates of treatment in order to contact you for fundraising activities. If you no longer wish to

receive these communications, notify us at the contact information provided below and we will stop sending further fundraising information.

**Required by Law.** As required by law, health information may be disclosed in accordance with the law. The law also imposes specific reporting responsibilities upon physician when specific circumstances exist, and we will comply with such requirements. Requirements for disclosure also may include response to a subpoena or other lawful process, or for law enforcement purposes, or in compliance with worker's compensation laws.

**Breach Notification.** In the event your unsecured protected health information is breached, we will notify you as required by law. In some situations, you may be notified by our business associates.

#### YOUR RIGHTS

**Disclosures with Your Authorization.** Except as described in this notice, including disclosures made pursuant to law, health information identifying you will not be disclosed without your written authorization. If you do authorize this medical-dental practice to use or disclose your health information for other purposes, you may revoke your authorization in writing at any time.

**YOUR RIGHTS.** The following is a statement of your rights with respect to your PHI.

**You have the right to inspect and copy your PHI.** You may inspect and obtain a copy of PHI about you or your child. All requests must be in writing to the entity or location providing your care and signed by the patient or his parent or legal guardian, if a minor. We will charge for all copies and postage, if mailed. However, under federal law, you may not have a right to inspect or copy certain types of your PHI. In some cases you may have a right to a review of our decision to deny you access to such PHI.

**You have the right to request limits on the use and disclosure of PHI.** You may ask us by a written request not to use or disclose any part of PHI for the purposes of treatment, payment or healthcare operations. You may also ask by written request that PHI not be disclosed to family members or friends who may be involved in your care or the payment for it. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your, or your child's best interest to permit use of PHI, the PHI use will not be restricted. If your physician agrees to the requested restriction, we may not use PHI in violation of that restriction unless it is needed to provide emergency treatment.

In the event you pay out-of-pocket and in full for services rendered, you may request that we not share your health information with your health plan. We must agree to this request.

**You have the right to request special privacy protections to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with you about medical-dental

matters in a certain way or at a certain location. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. This request must be made in writing.

**You may have the right to amend your PHI.** If you believe PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. You must request this in writing. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that we did not create, or is not part of the health information that we keep, or you would not be permitted to inspect and copy, or is accurate and complete.

**You have the right to receive an accounting of certain disclosures we have made.** This right applies to disclosures for purposes **other than** treatment, payment and healthcare operations. You have the right to receive specific information regarding many disclosures that occurred for the last 6 years. You must submit this request in writing. We may charge you for costs of providing the list.

**You have the right to obtain a paper copy of this notice from us, upon request, at any time.** You will be asked to sign an acknowledgement that you received this notice.

**Changes to this Notice.** We reserve the right to amend this Notice of Privacy Practices at any time in the future, and such amendment will apply to all protected health information that we maintain, regardless of when it was created or received.

**CHANGES TO THIS NOTICE.** DR LEE'S OFFICE, or any of its voluntary participants, reserves the right to withdraw from or modify or change this Notice at any time, and to make the revised or changed notice effective for medical-dental information we already have about you as well as any information we receive in the future. Revision to the Notice will be available on request by contacting the office. An updated DR LEE'S OFFICE Privacy Notice, or a separate corporate Notice in the event of a withdraw from this notice, will be posted by all affected participants within 60 days of the revision.

**COMPLAINTS.** Complaints about this Notice of Privacy or how our practice handles your health information should be directed to our Privacy Officer, who is:

Jonathon Everett Lee, D.D.S. (650) 574-4447

If you believe your privacy rights have been violated, you can file a written complaint by requesting a complaint form from the location or entity providing your care. You may also file a complaint with the **Department of Health and Human Services in Washington DC** in writing within 180 days of the violation. There will be no retaliation for filing a complaint.

You may be asked to sign an acknowledgment that you received this Notice of Privacy Practices. This Notice was published and becomes effective April 14, 2003.