

ChangOrthodontics: Dr. Russell EK Chang and Dr. Christine Chung

Notice of Privacy Practice:

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review this carefully the 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 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 this Notice while it is in effect. This Notice takes effect 04/14/03 and will remain in effect until we replace it. We reserve the right to change our privacy policy and the terms of this Notice at any time provided such changes are permitted by applicable law. We reserve the right to make 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 and received before we made the changes. Before we make 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. For more information about our privacy practices or for additional copies of this Notice please contact us using the information at the end of this Notice.

Uses and Disclosure of Information:

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

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your health information to obtain payment for services provided to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations including 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.

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

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 or friend or other person to the extent necessary to help with your healthcare or with payment to your healthcare but only if you agree we may do so.

Marketing Health Related Services: We will not use your health information for marketing communications without your written authorization.

Required By Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonable believe that you are a possible victim or 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 and safety or the safety of others.

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 of disclosure of health information we will provide you with an opportunity to object to such uses of disclosures. In the event of your incapacity or emergency circumstances we will disclose health information based on a determination using professional judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use professional judgement and or 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.

National Security : We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize officials health, information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institutions of law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

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

Patient Rights:

Access: You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use that format you request unless we cannot practically do so. (You must request in writing to obtain access to your health information). You may obtain a form to request access by using the contact information below listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. 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 \$5 for each page and \$25 per hour for staff time to locate and copy your health information and postage if you want the copies mailed to you. If you request an alternate format we will charge a cost based fee for providing your health information in that format. If you prefer we will prepare a summary of an explanation of your health information for a fee. Contact us using the information listed at the end of the Notice for a full explanation of our fee structure.

Disclosure Accounting: "You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last five years but not before April 14, 2003. If you request this accounting more than once in a 12 month period we may charge a reasonable cost based fee for responding to these additional requests.

Restrictions: "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 locations and provide satisfactory explanation how payments will be handled under the alternative means or location your request.

Amendment: You have the right to request that we amend your health information. (your request must be in writing and it must explain why the information should be amended). We may deny your request under certain circumstances.

Electronic Notice : If you receive this Notice on our website or by electronic mail or text, you are entitled to receive this information in a written form.

Questions or 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 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 us using the contact information listed at the end of this Notice. You may submit a written complaint to the US Department of Health and Human Services. We will provide you with an address to file your complaint with the US Department of Health and Human Services upon request.

We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the US Department of Health and Human Services.

Contact Officer: Letty Alonso. Telephone (562) 430-0541
email: smiles@changorthodontics.com
Address: 4608 Katella Ave. Suite 201 Los Alamitos, CA 90720.

I acknowledge that I have received the notice of privacy practices from:

ChangOrthodontics
Dr. Russell EK Chang and Dr. Christine Chung
4608 Katella Ave. Los Alamitos, CA 90720
www.changorthodontics.com

Name: _____

Signature: _____

Date: _____