



Pediatric Dentistry & Orthodontics

NOTICE OF PRIVACY PRACTICES

We are committed to respecting and protecting your family's personal information. This Notice describes how your child's health information may be used and disclosed and how you can get access to this information. It also explains how we collect, use and share information when you opt in to receive communications and SMS messages from us. Please review it carefully. The privacy of your information and your child's health information is important to us.

Our Legal Duty

Federal and state laws require us to maintain the privacy of your child's health information. We are also required to provide this Notice about our office's privacy practices, our legal duties, and your rights regarding your child's health information. We are required to follow the practices that are outlined in this Notice while it is in effect. This Notice takes effect on November 1st, 2025, 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 changes in our privacy practices and the updated 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 notable change in our privacy practices, we will change this Notice and make the new Notice available upon request. For more information about our privacy practices or additional copies of this Notice, please contact us (contact information below).

USES AND DISCLOSURES OF HEALTH INFORMATION

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

Treatment: We disclose medical information to our employees and others who engage in providing the care your child needs. We may use or disclose your child's health information to another dentist or other healthcare providers providing treatment which we do not provide. We may also share your child's health information with a pharmacist to provide your child with a prescription, or with a laboratory that performs tests or fabricates dental prostheses or orthodontic appliances.

Payment: We may use and disclose your child's health information to obtain payment for services we provide, unless you request that we restrict such disclosure to your child's health plan when you have paid out-of-pocket and in full for services rendered.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include, but are not limited to, 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 use of your child's health information for treatment, payment, or healthcare operations, you may give us written authorization to use your child's 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 is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your child's health information to you, as described in the Patient Rights section of this Notice. You have the right to request restrictions on disclosure to family members, other relatives, close personal friends, or any other person identified by you.

Unsecured Email: We will not send you unsecured emails pertaining to your child's 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.

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 child's personal representative or another person responsible for your child's care, of your child's location, your child's general condition, or death. If you are present, then prior to use or disclosure of your child's 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 child's healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your child's best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information.

[Marketing Health-Related Services:](#) We may contact you about products or services related to your child's treatment, case management or care coordination, or to propose other treatments or health-related benefits and services in which you may be interested. We may also encourage you to purchase a product or service when you visit our office. If your child is currently an enrollee of a dental plan, we may receive payment for communications to your family in relation to our provision, coordination, or management of your child's dental care, including our coordination or management of your child's health care with a third party, our consultation with other health care providers relating to your child's care, or if we refer you for health care. We will not otherwise use or disclose your child's health information for marketing purposes without your written authorization. We will disclose whether we receive payments for the marketing activity you have authorized.

[Change of Ownership:](#) If this dental practice is sold or merged with another practice or organization, your child's health records will become the property of the new owner. However, you may request that copies of your child's health information be transferred to another dental practice.

[Required by Law:](#) We may use or disclose your child's health information when we are required to do so by law.

[Public Health:](#) We may, and are sometimes legally obligated, to disclose your child's health information to public health agencies for purposes related to preventing or controlling disease, injury or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. Upon reporting suspected elder or dependent adult abuse or domestic violence, we will promptly inform you or your personal representative unless we believe the notification would place your child at risk of harm or would require informing a personal representative, we believe is responsible for the abuse or harm.

[Abuse or Neglect:](#) We may disclose your child's health information to appropriate authorities if we believe that your child is a victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your child's health information to the extent necessary to avert a serious threat to your child's health or safety or the health or safety of others.

[National Security:](#) We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose authorized federal officials' health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose correctional institutions or law

enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

[Appointment Reminders and Communications:](#) We may contact you via phone, email, text messaging, postcards, or letters. We may also leave a message with the person answering the phone if you are not available.

[Information We Collect:](#)

When you opt in to receive SMS messages, we collect:

- 1 - Your phone number
- 2 - consent to send SMS messages.

[How We Use Your Information:](#)

- Send you the SMS messages you've opted in to receive
- Provide updates, promotions, or other relevant content based on your preferences

[Sharing Your Information:](#)

We do not share your phone number or SMS opt-in information with external, third parties for marketing purposes.

[Your Rights:](#)

You can opt out of receiving SMS messages at any time by replying with "STOP" to any message we send you.

[Data Security:](#)

We implement reasonable measure to protect your personal information from unauthorized access or disclosure.

[Terms And Conditions of Opting-in to SMS messages:](#)

- 1 - SMS messaging service: By providing my phone number, I consent to receive SMS text messages from Smiles Pediatric Dentistry & Orthodontics for appointment reminders, marketing messages and general two-way communication. MSD frequency varies, Msg & data rates may apply. Reply HELP for support. Reply STOP to opt out.
- 2 - Message Frequency: You will receive an average of four message per month. This will depend on what your child is scheduled for at our office.
- 3 - Message and Data Rates: Messages and data rates may apply based on your mobile carrier's terms.
- 4 - Your information will be handled in accordance with this policy.

5- Opt-out instructions: You can opt out at any time by replying STOP. Reply HELP for support. You may also contact us directly at (310)837-6453.

6- Liability: We are not responsible for any changes, errors, or delays in SMS delivery caused by your carrier or third-party service providers. By option in, you confirm at that you are at least 18 years old.

[Sign In Sheet and Announcement:](#) Upon arriving at our office, we may use and disclose medical information about your child by asking that you sign an intake sheet at our front desk. We may also announce your child's name when we are ready to see your family.

[AI Use and Disclosure:](#) Our practice may utilize secure digital technologies, including computer-assisted and artificial intelligence-enabled tools, to support diagnosis, treatment planning, communication, and administrative efficiency. These technologies are used to assist—not replace—the professional judgment of your dentist and are employed in accordance with applicable privacy and security laws.

[Special Protections for Substance Use Disorder Records:](#) In certain circumstances, our practice may receive health information related to substance use disorder treatment from another healthcare provider. When applicable, these records are afforded additional protections under federal law.

We will use and disclose such information only as permitted or required by applicable federal and state laws, including HIPAA and 42 CFR Part 2. Any use or disclosure of these records will be made in accordance with these legal requirements and with appropriate safeguards to protect your privacy.

[PATIENT RIGHTS](#)

[Access:](#) You have the right to look at or get copies of your child's health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your child's health information. You may obtain a form requesting access by contacting our office. We will charge you a reasonable cost-based fee for expenses such as copies and team time. You may also request access by sending us a letter. If you request copies, there may be a charge for time spent. 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 or an explanation of your health information for a fee. Contact us for a full explanation of our fee structure.

[Disclosure Accounting:](#) You have a right to receive a list of instances in which we disclosed your child's health information for purposes other than treatment, payment,

healthcare operations and certain other activities for the last six years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your child's health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency). In the event you pay out-of-pocket and in full for services rendered, you may request that we not share your child's health information with your health plan. We must agree to this request.

Alternative Communication: You have the right to request that we communicate with you about your child's health 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 a satisfactory explanation of how payments will be managed under the alternative means or location you request.

Breach Notification: In the event your child's 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.

Amendment: You have the right to request that we amend your child's 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.

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

Contact: **Smiles Pediatric Dentistry & Orthodontics**

Website: www.smilesla.com

Telephone: (310) 837-6453

E-mail: info@smilesla.com

Address: 10582 W. Pico Blvd. Los Angeles, CA, 90064

If you are concerned that we may have violated your child's privacy rights, or you disagree with a decision we made about access to your child's 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. We will not retaliate against you for filing a complaint.