

NOTICE OF PRIVACY PRACTICES

Concord Dental Arts

Effective Date: 02/01/2026

THIS NOTICE DESCRIBES HOW MEDICAL (DENTAL) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. For purposes of this Notice, “we,” “our,” and “us” refer to Concord Dental Arts. “You” and “your” refer to our patients or their authorized legal representatives.

We are committed to protecting the privacy of your Protected Health Information (PHI). We comply with the Health Insurance Portability and Accountability Act (HIPAA), its implementing regulations, and applicable state law.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your PHI
 - Provide you with this Notice of our legal duties and privacy practices
 - Notify you following a breach of unsecured PHI
 - Follow the terms of this Notice currently in effect
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HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR WRITTEN AUTHORIZATION

Treatment

We may use and share your PHI with dentists, physicians, specialists, laboratories, or other health care professionals involved in your care.

Example: Sending x-rays or records to a specialist or dental lab.

Payment

We may use and share your PHI to bill and obtain payment from dental plans, insurers, or other entities.

Example: Submitting claims to your dental insurance.

Health Care Operations

We may use and share your PHI to operate our practice, improve quality of care, and manage business functions.

Examples: Quality assurance, audits, training, licensing, credentialing, and customer service.

Appointment Reminders & Practice Communications

We may contact you to remind you of appointments or to discuss treatment-related matters.

Public Health, Safety, and Legal Requirements

We may disclose PHI when required by law, including:

- Reporting abuse, neglect, or domestic violence
- Preventing a serious threat to health or safety
- Health oversight activities
- Law enforcement requests or court orders

Business Associates

We may share PHI with third parties who perform services for us (such as billing companies or IT providers), provided they agree to protect your information.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

We will not use or disclose your PHI without your written authorization for:

- Marketing communications
- Sale of PHI
- Any use not described in this Notice

You may revoke your authorization in writing at any time.

SPECIAL NOTICE REGARDING SUBSTANCE USE DISORDER (SUD) RECORDS

If we create, receive, or maintain Substance Use Disorder treatment records protected under **42 CFR Part 2**, those records are subject to additional confidentiality protections under federal law. Such records generally may not be used or disclosed without your written consent or a specific court order, except as permitted by law. Most dental services do not involve 42 CFR Part 2 records.

YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

- **Access:** Inspect or obtain a copy of your PHI (paper or electronic). We may charge a reasonable, cost-based fee.
 - **Amendment:** Request correction of information you believe is incorrect or incomplete.
 - **Restrictions:** Request limits on how we use or disclose your PHI. We are not required to agree, except when you pay in full out-of-pocket and ask that information not be shared with your health plan.
 - **Confidential Communications:** Request contact by alternative means or at a different location.
 - **Accounting of Disclosures:** Request a list of certain disclosures made in the past six years.
 - **Paper Copy:** Obtain a paper copy of this Notice at any time.
 - **Personal Representative:** Designate someone to act on your behalf where legally permitted.
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OUR DUTIES

- We will maintain the privacy and security of your PHI
 - We will notify you promptly if a breach occurs
 - We will not use or share your information other than as described here unless you authorize us in writing
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QUESTIONS OR COMPLAINTS

If you have questions, want to exercise your rights, or wish to file a complaint, contact:

Privacy Officer: Dr. Rajwant Sangha

Practice: Concord Dental Arts

Address: 2222 East St, Suite 270, Concord, CA

Phone: 925-689-3500

Email: concordentalarts@gmail.com

You may also file a complaint with:

U.S. Department of Health & Human Services – Office for Civil Rights

200 Independence Ave., SW, Washington, DC 20201

Phone: 877-696-6775

We will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

You will be asked to sign an acknowledgment confirming that you received and reviewed this Notice of Privacy Practices.

Patient/Legal Guardian Signature: (ESign)

Date :