

# Notice of Privacy Practices

*Helm, Nejad & Stanley Dentistry*

**EFFECTIVE: JUNE 26, 2026**

This Notice describes how your health information may be used and disclosed, and how you can access it. Please review it carefully.

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## **Our Legal Duty**

Federal and state laws require us to maintain the privacy of your health information. We are also required to provide this Notice about our office's privacy practices, our legal duties, and your rights regarding your health information. We are required to follow the practices outlined in this Notice while it is in effect.

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 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. Before we make a significant change in our privacy practices, we will revise this Notice and make the new Notice available upon request. 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 Disclosures of Health Information**

*We use and disclose health information about you for treatment, payment, and healthcare operations as described below. Additional examples of uses and disclosures are also reviewed here.*

### **Treatment**

We disclose health information to our employees and others who are involved in providing the care you need. We may use or disclose your health information to another dentist or other healthcare provider providing treatment that we do not provide. We may also share your health information with a pharmacist in order to provide you with a prescription, or with a laboratory that performs tests or fabricates dental prostheses or other dental appliances.

### **Payment**

We may use and disclose your health information to obtain payment for services we provide you, unless you request that we restrict such disclosure to your 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, and credentialing activities.

### **Your Authorization**

In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your 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 disclosure 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 those described in this Notice.

### **To Your Family and Friends**

We must disclose your health information to you, as described in the Your 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 health information without your prior authorization. If you do authorize communications via unsecured email, you have the right to revoke that authorization at any time.

### **Persons Involved in Care**

We may use or disclose health information to notify or assist in notifying (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. 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.

### **Marketing Health-Related Services**

We may contact you about products or services related to your 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 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. We will not otherwise use or disclose your health information for marketing purposes without your written authorization, and we will disclose whether we receive payment for any 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.

## **Required by Law**

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

## **Public Health**

We may, and are sometimes legally obligated to, disclose your 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 you 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 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.

## **National Security**

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 inmates or patients under certain circumstances.

## **Appointment Reminders**

We may contact you to provide appointment reminders via voicemail, postcards, or letters. We may also leave a message with the person answering the phone if you are not available.

## **Sign-In Sheet and Announcement**

Upon arriving at our office, we may use and disclose health information about you by asking that you sign an intake sheet at our front desk. We may also announce your name when we are ready to see you.

# **Your Rights**

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## **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, and 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 health information; you may obtain a request form by contacting our office, or you may request access by sending us a letter. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. 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 the right to receive a list of instances in which we disclosed your 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 the additional requests.

### **Restriction**

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). 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, and we must agree to that request.

### **Alternative Communication**

You have the right to request that we communicate with you about your health information by alternative means or at 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 handled under the alternative arrangement.

### **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.

### **Amendment**

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

### **Research**

Your health information may be disclosed to researchers for research purposes when authorized by an Institutional Review Board or privacy board. In this situation, your written authorization is not required.

### **Paper or Electronic Copy of This Notice**

You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive it electronically. You may request a copy at any time by contacting our office.

## Questions and Complaints

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

<b>PRACTICE</b>	Helm, Nejad & Stanley Dentistry
<b>TELEPHONE</b>	(310) 278-0440
<b>EMAIL</b>	info@hnsdentistry.com
<b>ADDRESS</b>	9201 Sunset Blvd., Ste. 914, West Hollywood, CA 90069

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 to amend, restrict, or communicate by alternative means, you may send a written complaint to our office or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

You may refuse to sign the acknowledgment of receipt of this Notice. To do so, please let someone from our office know that you specifically refuse to sign and acknowledge this Notice.