NOTICE OF PRIVACY PRACTICES (NPP)

Bandala Dental Group – California
Effective Date: January 1, 2026
Last Revised: January 1, 2026

This Notice of Privacy Practices ("Notice") describes how medical and dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

1. Our Legal Duties

This dental practice is operated by a single licensed dentist ("we," "our," or "us") and is required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you with this Notice explaining our legal duties and privacy practices.
- Follow the terms of the Notice that is currently in effect.
- Notify you following a breach of unsecured PHI in accordance with federal and California law.

Protected Health Information (PHI) includes information that identifies you and relates to your past, present, or future physical or mental health or dental condition, the provision of dental or health care services to you, or payment for those services. PHI may exist in paper, electronic, or oral form.

This Notice is intended to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and applicable California privacy laws, including the Confidentiality of Medical Information Act (CMIA).

2. How We May Use and Disclose Your Information Without Your Authorization

A. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your dental and related health care. This includes sharing information with dentists, dental hygienists, specialists, laboratories, pharmacies, physicians, and other health care providers involved in your care. Information may be exchanged through electronic dental records systems and health information exchanges, as permitted by law.

B. Payment

We may use and disclose your PHI to bill and collect payment for dental services. This may include disclosures to dental benefit plans, insurance carriers, claims administrators, and billing services for eligibility verification, claims submission, coordination of benefits, utilization review, and collection activities.

C. Health Care Operations

We may use and disclose your PHI for dental practice operations related to a single-dentist practice, including appointment scheduling, quality assessment and improvement, patient safety activities, staff training, credentialing, licensure, audits, compliance, fraud prevention, practice management, and business planning.

D. Care Coordination and Referrals

We may use and disclose PHI to coordinate your care and make referrals from this dental practice to dental specialists or other health care providers, including oral surgeons, orthodontists, periodontists, and medical providers when dental conditions may affect your overall health.

E. Public Health Activities

We may disclose PHI to public health authorities for reporting purposes, such as communicable disease reporting, infection control, adverse events related to dental products or devices, or public health investigations, as required or permitted by law.

F. Health Oversight Activities

We may disclose PHI to oversight agencies, including the California Dental Board or other regulatory authorities, for audits, inspections, investigations, licensure, or disciplinary proceedings as authorized by law.

G. Legal and Law Enforcement Purposes

We may disclose PHI when required to do so by federal or California law, court order, subpoena, warrant, or other lawful process, or to law enforcement officials as permitted by law.

H. Business Associates

We may disclose PHI to business associates that support this single-dentist practice, such as dental practice management software vendors, billing companies, IT support providers, cloud storage services, shredding vendors, and consultants. Business associates are required by law and written agreement to protect your information.

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3. Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice or otherwise permitted by law. These include:

- Uses and disclosures of psychotherapy notes, if applicable.
- Uses and disclosures for marketing purposes not otherwise permitted by law.
- Sale of PHI.

You may revoke your authorization at any time in writing, except to the extent that we have already relied on it.

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4. Special Protections and California-Specific Rights

Certain information may receive additional protections under federal or California law, including:

- Genetic information.
- Mental health.
- Substance use disorder information.
- HIV/AIDS-related information.
- Reproductive health information, when applicable.
- Child or adult abuse or neglect, including sexual assault.

Special protections for SUD records: Substance Use Disorder (SUD) Treatment records have enhanced protections. They cannot be used in legal proceedings without your consent or court order.

California law generally provides patients with greater privacy protections than federal law. Where state law is more protective of your privacy, we will follow California law.

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5. Your Rights Regarding Your Health Information

1) You have a right to see and get a copy of your health records.
2) You have a right to amend your health information.
3) You have a right to ask to get an Accounting of Disclosures of when and why your health information was shared for certain purposes.
4) You are entitled to receive a Notice of Privacy Practices that tells you how your health information may be used and shared.
5) You may decide if you want to give your Authorization before your health information may be used or shared for certain purposes, such as marketing. It is the policy of our office NOT to sell or disclose your information to any outside firms or business partners. Your information may be used, only within our office, for the purposes of presenting to you certain products or services which our dentist or staff feel may present a benefit for you, your oral health or happiness with your smile.
6) You have the right to receive your information in a confidential manner and restrict certain communication methods.
7) You have a right to restrict who receives your information.
8) You have a right to request amendment to be made to your health records by submitting the request in writing to our privacy officer. Your request does not guarantee the amendment, but does guarantee that it will be reviewed and considered.
9) If you believe your rights are being denied or your health information is not being protected, you can:

a. File a complaint with your provider or health insurer

b. File a complaint with the U.S. Government

10) Right to opt out of fundraising activities. If you would like to opt out of any fundraising programs that our office may participate in, such as cancer walks, or other fundraising programs you may do so by checking this box. ☐

6. Electronic Systems, Patient Portals, and Digital Communications

We maintain dental and billing records in electronic systems and apply administrative, technical, and physical safeguards to protect your PHI. If we offer email, text messaging, or online services, your information may be transmitted electronically as permitted by law. You may opt out of certain electronic communications where applicable.

Reminders: We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders via US Mail, email and telephone. By providing your email address to us, you agree that you may receive reminders and breach notifications via email as a possible alternative to US Mail. It is the policy of our office to leave a message on any voicemail or answering machine that may be attached to a number that you provide (home, cell or work).

We do not use online tracking technologies in a manner that discloses PHI without your authorization, except as permitted by applicable law and regulatory guidance.

7. Breach Notification

In the event of a breach of unsecured PHI, we will notify you in accordance with HIPAA, the California CMIA, and applicable California data breach notification laws.

8. Changes to This Notice

We reserve the right to change this Notice and make the revised Notice effective for all PHI we maintain. The revised Notice will be available in our office, upon request, and on our website, if applicable.

9. Contact Information

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Officer.
Telephone: 916-782-0440
1620 Lead Hill Blvd, Suite 300, Roseville, CA 95661

10. Complaints

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with you about your medical information (including a breach notice communication), you may contact our Privacy Officer to register either a verbal or written complaint. You may also submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC, 20201. You may contact the Office for Civil Rights' hotline at 1-800-368-1019. We support your right to privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

This Notice of Privacy Practices is designed for a California dental office operated by a single licensed dentist and reflects federal and California privacy requirements in effect as of 2026. It does not replace legal advice and may need to be supplemented based on specific practice operations or local requirements.*

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you are giving this office your consent to use and disclose health information about you for treatment, payment, and health care operation purposes.

I hereby acknowledge that I have received from Bandala Dental Group, INC. a copy of its Notice of Privacy Practices. I understand that the Notice of Privacy Practices sets forth my rights relating to the use and disclosure of my personal health information and explains how my personal health information may be used and/or disclosed both with and without my authorization. I further understand that I may contact the HIPAA Coordinator if I have any questions regarding the contents of this Notice of Privacy Practices or to file a complaint about the privacy practices.

Signature:_____

Patient Name:_____

Patient Representative (if minor):_____

Date:_____

Witness:_____

RELEASE OF INFORMATION

- ☐ I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:
  Spouse:_____

  Child(ren):_____

  Other:_____
- ☐ Information is not to be released to anyone.

The **Release of Information** will remain in effect until terminated by me in writing.

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgements
- ☐ An emergency situation prevented us from obtaining acknowledgements
- ☐ Other (Please Specify):_____