



NOTICE OF PRIVACY PRACTICES

UNIVERSITY OF CALIFORNIA LOS ANGELES, SCHOOL OF DENTISTRY

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

UCLA SCHOOL OF DENTISTRY

The University of California, including the UCLA School of Dentistry, is a teaching and research institution. The School of Dentistry is one of the health care components of the University of California. All patient care is overseen and supervised by an attending faculty member who is a licensed dental professional. Residents, pre-doctoral (dental) students, dental hygiene students, and postgraduate trainees of the School of Dentistry may participate in examinations or procedures and in the care of patients as a part of the dental care education programs of the institution.

This Notice applies to information and records regarding your health care maintained at the UCLA School of Dentistry.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

The School of Dentistry is committed to protecting medical, dental, mental health, and personal information about you (“Health Information”). We are required by law to maintain the privacy of your Health Information, provide you information about our legal duties and privacy practices, and inform you of your rights and the ways in which we may use Health Information and/or disclose it to other persons and entities.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe the different ways in which we may use and disclose your Health Information. We will describe and explain each category of permitted uses or disclosures. Some information, such as certain drug and alcohol habits, HIV status, and mental health condition, is entitled to special restrictions related to its use and disclosure. The School of Dentistry abides by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories. Other uses and disclosures not described in this Notice will be made only if we have your written authorization

For Treatment: We may use Health Information about you to provide you with dental and medical treatment or services. We may disclose Health Information about you to persons who are involved in your dental care at the School of Dentistry or in your medical care in the UCLA Health System (i.e., the UCLA medical centers and clinics) or other medical facilities, including but not limited to, dentists, doctors, nurses, technicians, pre-doctoral students, post-doctoral trainees, dental hygiene students, or other dental school or health system personnel.

For example, a dentist treating you needs to know what medications you are currently taking because the medications may affect other medications that may be prescribed to you. Or, a physician who is treating you

for a condition such as diabetes may need to know about your periodontal (gum) disease status because untreated periodontal disease may affect the control of blood sugar levels. We may also share Health Information about you with other School of Dentistry or UCLA Health System personnel or non-School of Dentistry and non-UCLA Health System providers, agencies, or facilities in order to provide or coordinate the processes required for your treatment, such as prescriptions, lab work, and x-rays. We also may disclose Health Information about you to people outside the School of Dentistry who may be involved in your continuing dental or medical care after you leave the School of Dentistry such as other health care providers, transport companies, community agencies, and family members.

For Payment: We may use and disclose Health Information about you so that the treatment and services you receive at the School of Dentistry or from other entities, such as a dental laboratory, may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give information to your health plan about a procedure that you received at the School of Dentistry so that your health plan will pay us or reimburse you for the service. We may also tell your health plan about a proposed treatment to determine whether or not your carrier will cover the cost.

For Health Care Operations: We may use and disclose Health Information about you for our business operations. For example, your Health Information may be used to review the quality and safety of our services, for business planning, management, and/or administrative services. We may contact you about alternative treatment options or about other benefits or services we provide. We may also use and disclose your Health Information to an outside company that performs services for us such as accreditation, legal, computer, or auditing services. These outside companies are called “business associates” and are required by law to keep your Health Information confidential. We may also disclose information to dentists, doctors, nurses, technicians, pre-doctoral students, post-doctoral trainees, dental hygiene students, or other dental school or healthcare personnel for performance improvement and educational purposes.

Appointment Reminders: We may contact you to remind you that you have an appointment at the School of Dentistry

Fundraising Activities: We may contact you to provide information about School of Dentistry sponsored activities, including fundraising programs and events. For this purpose, we may use contact information, such as your name, address, phone number, date of birth, provider name, the outcome of your care, the clinic where you received services, and the dates you received treatment or services at the School of Dentistry.

You may restrict or prohibit the use or disclosure of this information by writing to:

Sean Mong, D.D.S., Ed.D.
General Clinic Director
UCLA School of Dentistry
Box 951668
10-136 Center for the Health Sciences
Los Angeles, CA 90095-1668

Individuals Involved in Your Care or Payment for Your Care: Upon your written authorization, we may release Health Information to anyone involved in your dental care (e.g., a friend, family member, a personal representative, or any individual you identify). We may also give information to someone who helps pay for your care. We may also tell your family or friends about your general condition.

Disaster Relief Efforts: We may disclose Health Information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research: The University of California is a research institution. All research projects conducted by the University of California must be approved through a special review to protect patient safety, welfare, and confidentiality. Your Health Information may be important to further research efforts and the development of new knowledge. We may use and disclose Health Information about our patients for research purposes, subject to the confidentiality provisions of state and federal law.

In addition to disclosing Health Information for research, researchers may contact patients regarding their interest in participating in certain research studies. Researchers may only contact you if they have been given approval to do so by a special review process. You will only become a part of one of these research projects if you agree to do so and sign a specific permission form called an Informed Consent. When approved through a special review process, other studies may be performed using your Health Information without requiring your authorization. These studies will not affect your treatment or welfare and your Health Information will continue to be protected.

As Required by Law: We will disclose Health Information about you when required to do so by federal or state law.

To Prevent a Serious Threat to Health or Safety: We may use and disclose Health Information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who is able to help stop or reduce the threat.

Organ and Tissue Donation: If you are an organ donor, we may release Health Information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are or were a member of the armed forces, we may release Health Information about you to military command authorities as authorized or required by law. We may also release Health Information about foreign military personnel to the appropriate military command authorities as authorized or required by law.

Worker's Compensation: We may use or disclose Health Information about you for Worker's Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illnesses.

Public Health Disclosures: We may disclose Health Information about you for public health purposes. These purposes generally include the following:

- Preventing or controlling disease (such as cancer and tuberculosis), injury, or disability;
- Reporting vital events such as births and deaths;
- Reporting adverse events or surveillance related to food, medications, or defects or problems with products;
- Notifying persons of recalls, repairs, or replacements of products they may be using;
- Notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; and

- Notifying the appropriate government authority if we believe a patient has been the victim of child or elder abuse, neglect, or domestic violence and make this disclosure as authorized or required by law.

Health Oversight Activities: We may disclose Health Information to the governmental licensing, auditing, and accrediting agencies as authorized or required by law.

Lawsuits and Other Legal Proceedings: We may disclose Health Information to courts and officers of the court, such as attorneys and court employees, in connection with legal, judicial, and/or administrative proceedings, such as lawsuits, conservatorship, and writs. We may also disclose Health Information about you in response to a court or administrative order, subpoena, discovery request, warrant, or other legal process.

Law Enforcement: If asked to do so by law enforcement, and as authorized and required by law, we may release your Health Information:

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death suspected to be the result of criminal conduct;
- About criminal conduct at the UCLA School of Dentistry or University; and
- In case of a medical emergency, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors: In most circumstances, we may disclose Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose Health Information about patients of the UCLA School of Dentistry to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: As authorized or required by law, we may disclose Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

Protective Services for the President and Others: As authorized or required by law, we may disclose Health Information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release Health Information about you to the correctional institution as authorized or required by law.

Psychotherapy Notes: Psychotherapy notes refers to notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes have additional protections under federal law and most uses of disclosures of psychotherapy require your written authorization.

Marketing or Sale of Health Information: Most uses and disclosures of your Health Information for marketing purposes or any sale of your Health Information would require your written authorization.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of Health Information not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your Health Information, you may revoke that authorization, in writing, at any time. However, the revocation will not be effective for information that we have already used and disclosed in reliance on the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Your Health Information is the property of UCLA School of Dentistry. You have the following rights, however, regarding Health Information we maintain about you:

Right to Inspect and Copy: With certain exceptions, you have the right to inspect and/or receive a copy of your Health Information. If we have the information in electronic format, then you have the right to get your Health Information in such format if it is possible for us to do so. If not, we will work with you to agree on a way for you to get the information electronically or as a paper copy.

To inspect and/or to receive a copy of your Health Information, you must submit your request in writing to:

Sean Mong, D.D.S., Ed.D.
General Clinic Director
UCLA School of Dentistry
Box 951668
10-136 Center for the Health Sciences
Los Angeles, CA 90095-1668

If you request a copy of your Health Information, there is a fee for these services. We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to your Health Information, in most cases, you may have the denial reviewed. The Associate Dean of Clinical Dental Sciences or his/her designee will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request an Amendment or Addendum: If you feel that the Health Information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (i.e., addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for the UCLA School of Dentistry.

Amendment: To request an amendment, your request must be made in writing and submitted to:

Sean Mong, D.D.S., Ed.D.
General Clinic Director
UCLA School of Dentistry
Box 951668
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In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing, if we cannot determine from the request the information you are asking to be changed or corrected, or if your request does not include a reason to support the change or addition. In addition, we may deny your request if you ask us to amend information that:

- Was not created by the UCLA School of Dentistry;
- Is not part of the Health Information kept by or for the UCLA School of Dentistry;
- Is not part of the Health Information which you would be permitted to inspect and copy; or
- Is accurate and complete in the record.

Addendum: To submit an addendum, the addendum must be made in writing and submitted to:

Sean Mong, D.D.S., Ed.D.
General Clinic Director
UCLA School of Dentistry
Box 951668
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An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

Right to an Accounting of Disclosures: You have the right to receive a list of certain disclosures we have made about your Health Information.

To request this accounting of disclosures, you must submit your request in writing to:

Sean Mong, D.D.S., Ed.D.
General Clinic Director
UCLA School of Dentistry
Box 951668
10-136 Center for the Health Sciences
Los Angeles, CA 90095-1668

Your request must state a time period that may not be longer than the six previous years. You are entitled to one accounting within any twelve-month period at no cost. If you request a second accounting within that twelve-month period, there will be a charge for the cost of compiling your accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not disclose information to a family member about a dental procedure you had.

To request a restriction, you must make your request in writing to:

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General Clinic Director
UCLA School of Dentistry
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In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply; for example, only to you and your spouse. *We are not required to agree to your request.* If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your Health Information in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.

To request confidential communications, you must make your request in writing to:

Sean Mong, D.D.S., Ed.D.
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10-136 Center for the Health Sciences
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We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of it. You may obtain a copy of this Notice and related forms at our website: <https://www.dentistry.ucla.edu/hipaa>.

Right to be Notified of a Breach: You have the right to be notified if we or one of our Business Associates discovers a breach of unsecured Health Information about you.

CHANGES TO THE UCLA SCHOOL OF DENTISTRY'S PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change the UCLA School of Dentistry's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for Health Information that we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our website at: <https://www.dentistry.ucla.edu/hipaa>. In addition, you may request a copy of the current Notice in effect at any time.

QUESTIONS OR COMPLAINTS

If you have any questions about this Notice, please contact:

Sean Mong, D.D.S., Ed.D.
General Clinic Director
UCLA School of Dentistry
Box 951668
10-136 Center for the Health Sciences
Los Angeles, CA 90095-1668

If you believe your privacy rights have been violated, you may file a complaint with the School of Dentistry or with the Secretary of the Department of Health and Human Services. To file a written complaint with the UCLA School of Dentistry, please contact:

Sean Mong, D.D.S., Ed.D.
General Clinic Director
UCLA School of Dentistry
Box 951668
10-136 Center for the Health Sciences
Los Angeles, CA 90095-1668

You will not be penalized for filing a complaint.



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

The UCLA Dental Clinics Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

I acknowledge that I have received the Notice of Privacy Practices.

Patient Signature

Patient Name

Date

OR

Patient's Representative Signature

Relationship

Patient's Representative Name

Date

WRITTEN ACKNOWLEDGMENT NOT OBTAINED

For Internal Use Only

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

Notice of Privacy Practices Given- Patient Declined to Sign

Notice of Privacy Practice and Acknowledgement Mailed to Patient

Notice of Privacy Practices Given- Patient Unable to Sign

Other (Please specify):

Signature of Dental Clinics Representative

Clinic

Name of Dental Clinics Representative

Date