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Notice of Privacy Practices

This 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.

Our commitment

Afsoun Asgharzadeh, DDS ("we" or "our office") is required by law to keep your protected health information private, to give you this notice of our legal duties and privacy practices, to follow the terms of the notice currently in effect, and to notify you if a breach affects your unsecured health information. "Health information" means information about you, such as your dental records, X-rays and billing records, that identifies you and relates to your health or care.

How we may use and share your information

We may use and share your health information without your written authorization for the following purposes:

- **Treatment.** To provide and coordinate your dental care, for example sharing X-rays with a specialist we refer you to, ordering a crown from a dental laboratory, or talking with your physician about your health.
- **Payment.** To bill and get paid for your care, for example sending a claim with the procedures performed to your dental insurance plan.
- **Health care operations.** To run our office and improve care, for example training staff, reviewing quality, and working with business associates (such as a billing service or IT provider) who must protect your information under a written agreement.
- **Appointment reminders and health information.** To contact you with appointment reminders, and to tell you about treatment options or health-related services that may interest you, using the contact preferences you give us.
- **People involved in your care.** To share relevant information with a family member, friend or other person you identify who is involved in your care or payment, unless you object. In an emergency, or if you are unable to agree, we will use our professional judgment.
- **As required by law, and for public health and safety.** To comply with federal, state or local law; to report suspected abuse, neglect or domestic violence to the proper authorities; to report to public health authorities; and to prevent a serious threat to the health or safety of you or others.
- **Other government and legal requests.** For health oversight activities such as audits and licensing; in response to a court order, subpoena or other lawful process; to law enforcement as permitted by law; to coroners, medical examiners and funeral directors; for organ and tissue donation; for workers' compensation claims; and for specialized government functions such as military and national security activities.

Uses that need your written permission

We will not use or share your information for marketing purposes or sell your information without your written authorization. Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already relied on it. California law may give your health information additional protection, and we follow the law that is more protective.

Your rights

You have the right to:

- **Get a copy of your records.** Ask to see or get an electronic or paper copy of your dental and billing records. We will respond as required by law, usually within 30 days, and may charge a reasonable, cost-based fee.

- **Ask us to correct your records.** Ask us to correct information you think is incorrect or incomplete. We may say no, but we will tell you why in writing within 60 days.
- **Request confidential communications.** Ask us to contact you in a specific way (for example, by cell phone only) or at a different address. We will say yes to all reasonable requests.
- **Ask us to limit what we use or share.** Ask us not to use or share certain information for treatment, payment or operations. We are not required to agree, except that if you pay for a service in full out of pocket, you may ask us not to share that information with your health insurer, and we will agree unless the law requires us to share it.
- **Get a list of those with whom we've shared information.** Ask for an accounting of certain disclosures we made in the six years before your request, other than for treatment, payment, operations and certain other purposes.
- **Get a paper copy of this notice.** You may ask for one at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** If you have given someone medical power of attorney, or someone is your legal guardian, that person can exercise your rights and make choices about your health information.

Questions and complaints

If you have questions, want to exercise any of these rights, or believe your privacy rights have been violated, contact our Privacy Officer at (310) 829-4322, by email at afsounasgharzadehdds@gmail.com, or by mail at Afsoun Asgharzadeh, DDS, 2021 Santa Monica Blvd, Suite 704-E, Santa Monica, CA 90404. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201, by calling 1-877-696-6775, or at www.hhs.gov/ocr/complaints. We will not retaliate against you for filing a complaint.

Changes to this notice

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available at our office, on request, and on our website.

Effective date

This notice is effective November 12, 2026.