

**Del Dental Group**  
8035 West Manchester Avenue, Suite B  
Playa Del Rey, California 90293  
Phone: (310) 822-8118  
Fax: (310) 821-9276

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## **Notice of Patient Information Practices**

This notice describes how dental information about you may be used or disclosed and how you can get access to information. Please review it carefully.

### **Del Dental Group's Legal Duty:**

Del Dental Group is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

### **Uses and Disclosures of Health Information**

Del Dental Group uses your personal information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Del Dental Group may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Del Dental Group may also use or disclose your personal health information without prior authorization public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any situation, Del Dental Group's policy is to obtain your written authorization before disclosing your personal health information. If you provide is with written authorization to release your information for any reason, you may revoke that authorization to stop further discloses at anytime.

Del Dental Group may change its policy at any time. When changes are made, a new Notice of Information will be posted in the reception room and dental operatories and will be provided to you on your next visit, you may request an updated copy of our Notice of Information Practices at any time.

### **Patient Individual Rights**

You may have the right to review or obtain a copy of your personal health information at any time. Copying charges and service fees will be patients/guardian responsibility. You have the right to request that we correct and inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal information for reasons other than treatment, payment or other administrative purposes.

You may also request in writing that we do not use or disclose your personal health information for reasons other than treatment, payment or other related administrative purposes when we specifically authorized by you, when required by law or in emergency circumstances. Del Dental Group will consider all such request on a case-by-case basis, but the practice is not legally required to accept them.

### **Concerns and Complaints**

If you are concerned that Del Dental Group may have violated your privacy rights or if you disagree with any decision we have made regarding access or disclosures of your personal health information, please contact our office administrator. You may also send a written complaint to the US Department of Health and Human Services. For further information on Del Dental Group health information practices or if you have a complaint, please contact the following persons: Shahrzad Fattahi, D.D.S.

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Patient's Name (print)

\_\_\_\_\_  
Date

Patient's/Parent/Guardian Signature: \_\_\_\_\_