Notice of Privacy Practices

D Street Dental (Steve Truman DDS Inc)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective date: June 26, 2026

1099 D Street, San Rafael, CA 94901 · (510) 883-3011

Our promise to you

At D Street Dental (Steve Truman DDS Inc), we understand that your health information is personal. We are committed to protecting it. This Notice explains how we may use and share your protected health information (PHI) — the records we create about your dental care, treatment, and payment — and the rights you have over that information.

We are required by law to:

- Keep your protected health information private.
- Give you this Notice explaining our legal duties and privacy practices.
- Follow the terms of the Notice that is currently in effect.

"PHI" means health information that identifies you, including your name, the care you received, and how you paid for it.

How we may use and share your health information

The sections below describe the ways we are allowed to use and share your information. We do not list every possible use, but every use we make will fall into one of these categories.

For Treatment

We use your health information to provide and coordinate your dental care.

Dental example: Your dentist reviews your X-rays and chart notes to plan a crown, and shares your records with an oral surgeon or endodontist we refer you to for a procedure we do not perform in our office.

For Payment

We use and share your information to bill and collect payment for the care you receive.

Dental example: We send your treatment details and X-rays to your dental insurance plan so your cleaning, filling, or crown can be approved and paid for.

For Health Care Operations

We use your information to run our practice, improve care, and support day-to-day business needs.

Dental example: We review patient charts for quality and training, or share records with our billing service, accountant, or attorney who help us operate the practice. These vendors are called "business associates" and must protect your information under a written agreement.

Persons involved in your care

Unless you object, we may share information directly relevant to your care or payment with a family member, friend, or other person you involve in your dental care. For example, if a parent, spouse, adult child, or caregiver accompanies you to an appointment, we may discuss your treatment or payment with them in your presence. We may also use or share limited information to notify someone of your location or general condition, or in a disaster-relief situation.

You may tell us not to. You have the right to ask us not to share information with a particular person, or to limit what we share. Please tell any member of our staff, or contact our Privacy Officer, and we will honor your request to the extent the law allows. If you are not present or are unable to agree or object (for example, in an emergency), we will use our professional judgment to share only what is in your best interest.

Other ways we may use or share your information

The law allows or requires us to use and share your information without your written permission in the following situations:

- **As required by law.** When a federal, state, or local law requires us to share information.
- **Public health activities.** To public health authorities for purposes such as preventing or controlling disease, injury, or disability, or reporting reactions to medications.

- **Victims of abuse, neglect, or domestic violence.** To a government authority if we reasonably believe a patient may be a victim of abuse, neglect, or domestic violence, as the law allows.
- **Health oversight activities.** To agencies that oversee the health care system for audits, investigations, inspections, and licensing.
- **Judicial and administrative proceedings.** In response to a court or administrative order, or a subpoena, discovery request, or other lawful process.
- **Law enforcement.** To law enforcement officials for purposes allowed by law, such as responding to a court order or helping identify or locate a person.
- **Coroners, medical examiners, funeral directors, and organ donation.** To allow these parties to carry out their duties, and to organ procurement organizations when needed for donation and transplant.
- **Research.** For approved research projects when an institutional review board or privacy board has reviewed the research and approved the use of your information.
- **To avert a serious threat to health or safety.** When needed to prevent or lessen a serious and imminent threat to the health or safety of you or the public.
- **Specialized government functions.** For military and veterans' activities, national security and intelligence, protective services, and certain functions for inmates or correctional institutions.
- **Workers' compensation.** To comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Appointment reminders and treatment alternatives.** To contact you with appointment reminders, or to tell you about treatment options or other health-related benefits and services that may interest you.

Uses and disclosures that require your written authorization

Some uses and sharing of your information require your written permission (authorization) before we can act:

- **Marketing.** Most uses of your information for marketing purposes. Under California law, we also will not use or share your medical information for marketing without your authorization, and we follow California's restrictions on using medical information in marketing communications (see "California rights and protections" below).
- **Sale of PHI.** Any disclosure of your information that is a sale of that information.
- **Psychotherapy notes.** Most uses and disclosures of psychotherapy notes. *(Note: as a general dental practice, we rarely, if ever, create or hold psychotherapy notes.)*
- **Genetic information.** If we ever maintain genetic information about you, we will not use or share it for underwriting purposes (for example, to make decisions about insurance eligibility, coverage, or pricing).

Any other use or sharing not described in this Notice will be made only with your written authorization.

Your right to revoke. You may cancel (revoke) your authorization in writing at any time. If you revoke it, we will stop the uses and sharing it covered, **except to the extent we have already taken action in reliance on your authorization.** This means we cannot take back any information we already shared, and cannot undo other steps already taken, while your authorization was in effect. If an authorization was obtained as a condition of obtaining insurance coverage, the law may permit the insurer to contest a claim or the policy itself even after you revoke; in that limited case, your revocation may not apply.

Your rights

You have the following rights regarding your health information. To use any of these rights, contact our Privacy Officer (see the bottom of this Notice).

- **Inspect and copy.** You have the right to look at and get a copy of your dental and billing records, in paper or electronic form. We may charge a reasonable, cost-based fee. We may deny access in limited situations allowed by law, and you may have the right to ask for a review of certain denials.
- **Request an amendment.** If you believe information in your record is wrong or incomplete, you may ask us to correct it. We may deny your request in certain cases, and we will tell you why in writing.
- **Accounting of disclosures.** You have the right to a list of certain disclosures we made of your information. This list does not include disclosures for treatment, payment, health care operations, disclosures you authorized, or certain other purposes. The list may cover up to the six years before the date you ask. We will provide one list free of charge in any 12-month period; for additional lists in the same 12 months, we may charge a reasonable, cost-based fee, and we will tell you the cost in advance so you can withdraw or change your request.
- **Request restrictions.** You may ask us to limit how we use or share your information for treatment, payment, or operations, or to limit what we share with someone involved in your care. We are not required to agree to every request.
- **Restriction to a health plan for items paid in full.** If you pay for an item or service in full, out of your own pocket, you have the right to ask us not to share that information with your health plan, and we must agree, except where the law requires the disclosure.
- **Request confidential communications.** You may ask us to contact you in a specific way (for example, by cell phone only) or at a specific address. We will reasonably accommodate such requests.
- **Paper copy of this Notice.** You have the right to a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- **Breach notification.** You have the right to be notified if there is a breach of your unsecured protected health information.

Our legal duties

We are required by law to protect the privacy of your information, to give you this Notice of our legal duties and privacy practices, and to follow the terms of the Notice currently in effect.

Changes to this Notice. We reserve the right to change this Notice and to make the revised Notice effective for information we already have as well as information we receive in the future. When we make a material change, we will post the revised Notice in our office and on our website (if we maintain one), and you may request a copy at any time. The current Notice will always show its effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the federal government.

File a complaint with us — our Privacy Officer:

Dr. Steve Truman D Street Dental (Steve Truman DDS Inc) 1099 D Street, San Rafael, CA 94901 (510) 883-3011

File a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201 Toll-free: 1-877-696-6775 Online: www.hhs.gov/ocr/privacy/hipaa/complaints/

No retaliation. We will not retaliate against you, penalize you, or affect your care in any way for filing a complaint.

California rights and protections

In California, some laws give you privacy protections that go beyond federal HIPAA rules. **Where California law and HIPAA differ, we follow whichever law gives you greater protection.**

- **Confidentiality of Medical Information Act (CMIA), California Civil Code §56 et seq.** California's CMIA provides confidentiality protections for your medical information that may exceed those under HIPAA. We follow the law that is more protective of your information.
- **Marketing and communications under California law.** California's CMIA (Civil Code §56.10 and §56.11) generally requires your written authorization before we use or share your medical information for marketing, and California Civil Code §1798.91 restricts the use of your medical information in marketing communications. We will not use or share your medical information for marketing except as California and federal law allow, and only with your written authorization where required.
- **HIV/AIDS test results.** California law gives special, heightened protection to HIV and AIDS test results under California Health & Safety Code §120980 et seq. We will not share these results except as specifically permitted by California law.

- **Mental health records.** Mental health and psychiatric records receive heightened protection under California law. We apply these added protections to any such records we may hold.
- **Substance-use-disorder records.** Records related to the diagnosis or treatment of a substance use disorder may be protected under federal law at 42 CFR Part 2, which generally requires your specific written consent before we share them. We follow these rules where they apply.
- **Minors' rights.** California law gives minors certain rights to consent to specific types of care and to control who can see information about that care. We follow California law on minors' privacy and on when a parent or guardian may, or may not, access a minor's records.
- **Access to records (timelines).** Your right to see and copy your records, and the timelines we follow for providing them, are governed by California Health & Safety Code §123100 et seq., in addition to your HIPAA rights. We will provide access within the timeframes California law requires.

Acknowledgment of receipt

I acknowledge that I have received a copy of the **D Street Dental (Steve Truman DDS Inc)** Notice of Privacy Practices.

Patient name (printed): _____

Patient signature: _____ Date: _____

If the patient is a minor or unable to sign, complete the following:

Parent / guardian / personal representative name (printed): _____

Relationship to patient: _____

Parent / guardian / personal representative signature: _____ Date: _____

For office use only:

- [ ] Patient signed acknowledgment of receipt
- [ ] Patient declined to sign — staff noted good-faith effort to obtain acknowledgment
- [ ] Copy of Notice provided to patient
- [ ] Form filed in patient record

Staff member name (printed): ____ ***Date:*** ___

This Notice is effective as of June 26, 2026. D Street Dental (Steve Truman DDS Inc) · 1099 D Street, San Rafael, CA 94901 · (510) 883-3011 · Privacy Officer: Dr. Steve Truman.