



dental implant &
oral surgery specialists

VAN NESS | WEST PORTAL | STONESTOWN | SOUTH SAN FRANCISCO

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NOTICE OF PRIVACY PRACTICES

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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice is effective February 16th, 2026, and replaces all prior versions.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

We are required by law to:

- Make sure that your protected health information (PHI) is kept private
- Give you this Notice describing our legal duties and privacy practices
- Follow the terms of the Notice that is currently in effect

We are also required to notify you following a breach of your unsecured protected health information as required by law.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

For Treatment: We may use and disclose your health information to provide, coordinate, or manage your health care and related services, including sharing information with other healthcare providers involved in your care.

For Payment: We may use and disclose your health information for billing and payment activities, including obtaining insurance approvals and determining coverage.

For Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Health Information Exchange (HIE): We may participate in an electronic Health Information Exchange to facilitate the secure sharing of your protected health information for treatment purposes.

Business Associates and Service Providers: We may disclose your protected health information to third-party service providers (Business Associates) who perform services on our behalf and are legally required to protect your information.

Required by Law: We may disclose your health information when required to do so by federal, state, or local law, including reporting to public health authorities and oversight agencies.

Substance Use Disorder (SUD) Treatment Information: If we receive or maintain records related to substance use disorder (SUD) treatment that are protected under 42 CFR Part 2, these records are subject to additional federal protections. We will not use or disclose SUD records without your specific written consent, except as permitted or required by law. These records generally may not be disclosed in civil, criminal, administrative, or legislative proceedings without your consent or a court order.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your health information to family members, friends, or others involved in your care or payment for your care.

Legal Proceedings and Law Enforcement: We may disclose health information in response to a court order, subpoena, or other lawful process, or to law enforcement as permitted by law.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.



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NOTICE OF PRIVACY PRACTICES (CONT.)

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or another person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without having your written authorization.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail: messages, postcards, letters, or emails).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.99 for each page, \$50 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.)

Amendment: You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our website or electronic mail (email), you are entitled to receive this Notice in written form.



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NOTICE OF PRIVACY PRACTICES (CONT.)

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

Anti-Discrimination & Legal Protection Statement

Federal law (42 CFR Part 2) prohibits the use or disclosure of substance use disorder records to discriminate against individuals in areas such as healthcare, employment, housing, or access to services without proper authorization or a court order.

Contact Office: 7x7 Dental Implant & Oral Surgery Specialists

Telephone: (415) 661-6006

Fax: (415) 661-6115

Email: info@7x7oralsurgery.com

Address: 99 West Portal Ave, San Francisco, CA 94127

PLEASE ASK THE FRONT DESK IF YOU WOULD LIKE A COPY OF THIS NOTICE.