



Notice of Privacy Practices

Effective Date: January 23, 2026

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.

Our Legal Duty

We are required by law to maintain the privacy of your protected health information (PHI), to provide you with this notice of our legal duties and privacy practices, and to notify you following a breach of unsecured PHI. We must follow the privacy practices described in this notice while it is in effect.

How We May Use and Disclose Your Health Information

We may use and disclose your health information for different purposes. For each category, we have provided an explanation and an example.

- **Treatment:** We may use your PHI to provide, coordinate, or manage your orthodontic treatment.
 - *Example:* Sharing X-rays or dental records with a general dentist or an oral surgeon involved in your care.
- **Payment:** We may use and disclose your PHI so that the treatment and services you receive may be billed and payment may be collected.
 - *Example:* Sending a claim to your dental insurance provider to verify coverage and receive payment.
- **Healthcare Operations:** We may use and disclose your PHI in connection with our healthcare operations.
 - *Example:* Quality assessment, practitioner evaluation, and training programs.
- **Appointment Reminders:** We may use your PHI to contact you as a reminder that you have an appointment for treatment (via phone, email, or text).

Other Uses and Disclosures

We may also use or disclose your information in the following situations:

- **To Family and Friends:** If you are present and do not object, we may share relevant information with a family member or friend involved in your care.
- **Required by Law:** When required to do so by federal, state, or local law.



- **Public Health:** For public health activities, such as preventing or controlling disease.
- **Worker's Compensation:** As authorized by laws relating to workers' compensation.

Your Authorization: Other uses and disclosures (like marketing or the sale of PHI) will be made only with your written authorization, which you may revoke at any time.

Your Rights Regarding Your Health Information

- **Access:** You have the right to look at or get copies of your health information, with limited exceptions.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, and healthcare operations.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, except in the case of a disclosure to a health plan for a service you paid for out-of-pocket in full.
- **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations.
- **Amendment:** You have the right to request that we amend your health information.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact our **Privacy Officer** at the number listed below.

If you are concerned that we may have violated your privacy rights, you may complain to us or to the Secretary of the U.S. Department of Health and Human Services. We support your right to the privacy of your health information and will not retaliate in any way if you choose to file a complaint.

Contact Office: 360 Orthodontics

Contact: John Evans

Address: 1609 Westwood Blvd, ATTN: HQ, Los Angeles, CA 90024

Phone: 310-998-7600