

OUR PRIVACY PRACTICES

USES AND DISCLOSURES OF HEALTH INFORMATION

**How we may use and share your health information:
(See pages 2–3 for more details.)**

- To treat you
- For treatment updates and appointment reminders
- To run our Practice and improve our services
- For marketing of health-related services
- To obtain payment for your treatment
- Upon your request with your written authorization
- Via unsecured email upon your request
- With persons involved in your care (e.g. family)
- To report abuse or neglect
- When required by law
- For purposes of public health
- For purposes of national security
- In the event of a change of ownership

YOUR RIGHTS

**You have the right to:
(See pages 3–4 for more details.)**

- Obtain a copy of this notice
- Access your medical record
- Receive an accounting of disclosures of your information
- Restrict our sharing of your information
- Choose someone to act on your behalf
- Change your communication preferences
- Amend your information
- Be notified of an impermissible use of your information
- File a complaint if you believe your privacy rights have been violated

Chamberlain Family Orthodontics complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Our Practice will provide language assistance services free-of-charge to individuals who do not speak English well enough to discuss the dental care we are providing.

Nuestro consultorio dental les proporcionará servicios de asistencia lingüística gratuitos a los individuos que no hablen inglés con suficiente fluidez para discutir la atención dental que proporcionamos.

NOTICE OF PRIVACY PRACTICES

This notice describes how your health information 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

Federal and state laws require us to maintain the privacy of your health information. We are also required to provide this notice about our Practice's privacy practices, our legal duties, and your rights regarding your health information. We are required to follow the practices that are outlined in this notice while it is in effect. Furthermore, we are required to comply with California law which places further restrictions on the use and disclosure of your information regarding treatment for mental health or substance abuse, abortion, contraception or gender-affirming care.

This notice takes effect 2/15/2026 and will remain in effect until we replace it. 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 changes to our privacy practices and the 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 update this notice and make the new notice available on our website and upon request. For more information about our privacy practices or additional copies of this notice, please refer to our contact information below.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment

We disclose medical information to our employees and others who are involved in providing the care you need. We may use or disclose your health information to another dentist or other health care providers providing treatment that we do not provide. We may also share your health information with a pharmacist to provide you with a prescription or with a laboratory that performs tests or fabricates orthodontic appliances. Certain health information we receive or maintain (e.g. substance use disorder-related information) is protected by additional federal confidentiality laws. Such information may not be used or disclosed without your written authorization, except as permitted or required by law, and is subject to stricter limits on redisclosure and additional patient safeguards.

Treatment Updates and Appointment Reminders

We may use and disclose health information to provide treatment updates verbally. We may announce your name when we are ready to seat you. We may contact you to provide you with treatment updates and appointment reminders via voicemail, text message, email, postcard, and/or letter. You may update your contact information at any time.

Health Care Operations

We may use and disclose your health information in connection with our health care operations. Health care operations include but are not limited to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, and licensing or credentialing activities. In carrying out these functions, we may use third-party services, including artificial intelligence software or recording technologies, to assist with patient communications and documentation. We may also enter into contracts with persons or entities known as Business Associates that provide services to or perform functions on our behalf. We may disclose your health information to these Business Associates to facilitate these operations, provided they agree to appropriately safeguard your information and comply with applicable privacy and security laws.

Marketing of Health-Related Services

We may contact you about products or services related to your treatment, case management, or care coordination, or to propose other treatments or health-related benefits and services in which you may be interested. We may also encourage you to purchase a product or service when you visit our office. We will not otherwise use or disclose your health information for marketing purposes without your written authorization.

Payment

We may use and disclose your health information to obtain payment for services we provide to you unless you request that we restrict such disclosure to your health plan when you have paid out-of-pocket and in full for services rendered.

Patient Authorization

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 uses or disclosures permitted by your authorization while it is 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.

Unsecured Emails

We will not send you unsecured emails pertaining to your health information without your prior authorization. If you do authorize communications via unsecured email, you have the right to revoke the authorization at any time.

Persons Involved in Care

We may use or disclose health information to notify or assist in the notification of a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or your incapacity. If you are present, we will provide you with an opportunity to object to such uses or disclosures prior to use or disclosure of your health information. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your health care. For deceased persons, we can share health information with a coroner, medical examiner, or funeral director. We will 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. You have the right to request restrictions on disclosure to family members, other relatives, close personal friends, or any other person identified by you.

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. Upon reporting suspected abuse or domestic violence, we will promptly inform you or your personal representative unless we believe the notification would place you at risk of harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Legal Requirements

We may use or disclose your health information as required by law, including for law enforcement or other government requests, in response to a court or administrative order or subpoena and as necessary to comply with laws related to workers' compensation or similar legally established programs.

Public Health and Safety

We may disclose your health information, as permitted or required by law, to public health or health oversight agencies for purposes such as preventing or controlling disease, injury, or disability; reporting abuse, neglect, or domestic violence; responding to FDA requirements related to medication safety and product recalls; and conducting legally authorized audits or investigations of the health care system or government benefit programs. We may also disclose information to prevent or lessen a serious and imminent threat to a person or the public or to assist law enforcement in identifying or apprehending an escapee or violent criminal.

National Security

We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information to authorized federal officials as required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information of inmates or patients in the lawful custody of correctional institutions or law enforcement officials under certain circumstances.

Change of Ownership

If this Practice is sold or merged with another Practice or organization, your health records will become the property of the new owner. However, you may request that copies of your health information be transferred to another Practice.

PATIENT RIGHTS

Access

You have the right to look at or obtain copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information, either by contacting us to obtain a disclosure form or by mailing a letter. You may request that we provide copies in a format other than photocopies, and we will use the format you request unless we cannot practicably do so. We will charge you a reasonable cost-based fee for expenses (e.g. copies, printed models, staff time).

Disclosure Accounting

You have a right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, health care operations, and certain other activities for the last six (6) years. 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 emergency circumstances. In the event you pay out-of-pocket and in full for services rendered, you may request that we do not share your health information with your health plan. We must agree to this request.

Chosen Representative

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will verify the person has this authority and can act for you before we take any action.

Alternative Communication

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Your request must be in writing and must specify the alternative means or location and provide satisfactory explanation of 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 must explain why the information should be amended. We may deny your request under certain circumstances.

Breach Notification

In the event your unsecured protected health information is breached, we will notify you as required by law. In some situations, you may be notified by our business associate.

Visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html for more information.

Questions and Complaints

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

P: (909) 793-2791 | F: (909) 793-9701 | E: info@chamberlainfamilyorthodontics.com

232 Cajon Street, Suite D,
Redlands, CA 92373

701 Highland Springs Ave., #1,
Beaumont, CA 92223

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 send a written complaint to our Practice (see contact information above) or to the U.S. Department of Health and Human Services Office of Civil Rights at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(877) 696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have read and received a copy of the Notice of Privacy Practices from Chamberlain Family Orthodontics.

Patient/Legal Guardian Signature

Patient/Legal Guardian Print Line

Date

English:

Our Practice will provide language assistance services free-of-charge to individuals who do not speak English well enough to discuss the dental care we are providing.

Spanish:

Nuestro consultorio dental les proporcionará servicios de asistencia lingüística gratuitos a los individuos que no hablen inglés con suficiente fluidez para discutir la atención dental que proporcionamos.

Chinese:

我们的牙科业务将为英语不太流利的人士提供免费的语言协助服务，以方便讨论我们提供的牙齿护理服务。

Vietnamese:

Thực hành nha khoa của chúng tôi sẽ cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho những người không có khả năng nói tiếng Anh đủ tốt để thảo luận việc chăm sóc răng miệng mà chúng tôi đang cung cấp.

Tagalog:

Ang aming dental na kasanayan ay magbibigay ng walang bayad na mga serbisyong tulong na wika sa mga indibidwal na hindi nakakapagsalita ng maayos na Ingles upang talakayin ang ibinibigay naming dental na pangangalaga.

Korean:

저희 치과는 저희가 제공하는 치과 치료에 대해 영어로 논의하기가 불편하신 분들을 위해 무료 언어 지원 서비스를 제공할 것입니다.

Armenian:

Մեր ատամնաբուժական պրակտիկան կտրամադրի անվճար լեզվական ծառայություններ բոլոր այն անձանց ովքեր անգլերենին բավարար չեն տիրապետում մեր կողմից տրամադրվող ատամնաբուժական խնամքի շուրջ հարցեր քննարկելու:

Persian (Farsi):

مرکز خدمات دندان پزشکی ما خدمات کمک زبانی را به صورت رایگان برای افرادی فراهم می‌آورد که انگلیسی را با تسلط صحبت نمی‌کنند تا در مورد مراقبت های دندانیه که ارائه می‌کنیم گفتگو کنند.

Russian:

Наша стоматологическая клиника бесплатно предоставляет клиентам, которые не достаточно хорошо говорят на английском языке, услуги переводчика, чтобы помочь им обсудить предоставляемую нами стоматологическую помощь.

Japanese:

当社の歯科治療では提供している歯科ケアに関して話し合える程度の英語力のない方に無料で言語サポートサービスを提供しています。

Arabic:

سوف تقدم عيادة طب الأسنان مساعدة لغوية مجانية لأولئك الذين لا يجيدون الإنكليزية من أجل مناقشة خدمات العناية بالأسنان التي نقدمها.

Punjabi:

ਉਹ ਡੈਂਟਲ ਪ੍ਰੈਕਟਿਸ ਵਿਚ ਪ੍ਰੋਵੀਦੇ ਲੈਂਗੂਏਜ ਅਸੀਸਟੈਂਸ ਸਰਵਿਸਜ਼ ਫ੍ਰੀ-ਓਫ-ਚਾਰਜ ਤੋਂ ਇੰਡਿਵਿਦੁਲਜ਼ ਨੂੰ ਦੇ ਨ ਸਪੈੱਕ ਇੰਗਲਿਸ਼ ਵੈੱਲ ਏਨੋਘ ਤੋਂ ਡਿਸਕਸ ਬੇ ਡੈਂਟਲ ਚਾਰੇ ਵੀ ਚੇ ਪ੍ਰੋਵੀਡੀਨਗ.

Mon-Khmer:

ភ្នំនីកធ្មេញយើងខ្ញុំនឹងផ្តល់នូវសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃជូនដល់អតិថិជនម្នាក់ៗដែលមិនចេះនិយាយភាសាអង់គ្លាស់លាស់ ដើម្បីពិគ្រោះពិភាក្សាគ្នាអំពីបញ្ហាសេវាភ័ក្តិសេវាផ្នែកដែលយើងខ្ញុំកំពុងផ្តល់ជូន។

Hmong:

Ang aming pagsasanay ukol sa ngipin o dental practice ay magbibigay ng libreng mga serbisyong tulong sa mga indibiduwal na hindi masyadong nakakapagsalita ng Ingles upang talakayin ang pangangalaga sa ngipin na aming ibinibigay.

Hindi:

हमारे दंत चिकित्सालय के प्रभारी, जो व्यक्ति अच्छी तरह ईंग्लिश बोल नहीं सकते है उनको, हम जो दंत चिकित्सा देखभाल प्रदान कर रहे है उसके बारेमें बात करनेके लिये बीना कोई फ्रीस भाषा सहायता सेवाएं प्रदान करेंगे |

Thai:

แนวปฏิบัติด้านทันตกรรมของเราจะให้บริการช่วยเหลือด้านภาษาฟรีแก่บุคคลที่พูดภาษาอังกฤษไม่ชำนาญเพียงพอที่จะหา หรือเกี่ยวกับบริการทันตกรรมของเรา