**This notice describes how CDA Cares and our volunteers are obligated to protect your privacy and how you can get access to your health information.**

**Please review it carefully. The privacy of your health information is important to us.**

# OUR LEGAL DUTY

Dentists participating in the CDA Cares program may be required by applicable federal and state law to maintain the privacy of your health information. Protection of patient privacy is important to participants in the CDA Cares Program. This notice summarizes the privacy practices that will be followed by participants in CDA Cares, and your rights concerning your health information. This Notice will apply to health information collected in connection with the CDA Cares program.

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.

# USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment during this event. If requested by you after the event, we will disclose your health information to another dentist, physician or other health care provider providing treatment to you.

**Your Authorization:** Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. 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.

**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 other person involved in your treatment to the extent necessary to help with your healthcare.

**Persons Involved In Care:** 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.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**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.

**Armed Forces:** If you are a member of the military, under certain circumstances, we may disclose health information to the Armed Forces. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

# PATIENT RIGHTS

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. Contact us using the information listed at the end of the Notice for assistance in reaching the dentist or facility holding your health information.

**Disclosure Accounting:** You may have the right to receive a list of instances in which your health information was disclosed for any purposes.

**Restriction:** You may 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 may request that we communicate with you about your health information by alternative means or to alternative locations. We may agree to reasonable requests.

**Amendment:** You may 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.

**Breach Notification:** In the event your unsecured protected health information is breached, we will notify you as required by law.

# 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 with the U.S. Department of Health and Human Services.

# CONTACT

CDA Cares

Telephone: (800) 232–7645

URL: cdafoundation.org

Address: 1201 K Street, 15th Floor, Sacramento CA 95814