

Notice of Privacy Practices

Effective Date: April 2026

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

Our Legal Duties

We are required by applicable federal and state law to maintain the privacy and security of your protected health information (PHI). We are also required to provide you with this Notice describing our legal duties, privacy practices, and your rights concerning your health information.

We must follow the terms of this Notice currently in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by law. Any changes will apply to all health information we maintain, including information created or received before the changes are made. When we make significant changes, we will update this Notice and make it available upon request.

How We Use and Disclose Your Health Information

We may use and disclose your health information for the following purposes:

Treatment

We use and disclose your health information to provide, coordinate, or manage your care. This may include sharing information with other healthcare providers, specialists, laboratories, or pharmacies involved in your treatment.

Payment

We may use and disclose your information to bill and collect payment for services provided.

Note: If you pay out-of-pocket in full, you may request that we not disclose your information to your health plan. We are required to honor this request.

Healthcare Operations

We may use and disclose your information for business operations, including:

- Quality assessment and improvement
- Staff training and evaluation
- Licensing, accreditation, and credentialing activities

Other Uses and Disclosures

With Your Authorization

We will obtain your written authorization for uses and disclosures not described in this Notice. You may revoke your authorization at any time in writing.

Individuals Involved in Your Care

We may share relevant information with family members, friends, or others involved in your care or payment for your care, unless you object.

Communications

We may contact you for:

- Appointment reminders (voicemail, text, email, mail)
- Treatment alternatives or health-related benefits and services

We will not use unsecured electronic communications (such as unencrypted email) for sensitive information without your authorization.

No phone/mobile number information will be shared with third parties/affiliates for marketing/promotional purposes. All categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

Marketing

We may communicate with you about services related to your care. We will not use or disclose your information for marketing purposes without your written authorization, except as permitted by law. If we receive compensation for such communications, we will disclose that to you.

Business Transfers

If our practice is sold or merged, your health information may be transferred to the new owner. You may request transfer of your records to another provider.

Special Situations

We may disclose your health information when required or permitted by law, including:

- Public Health Activities: Disease prevention, reporting abuse or neglect, FDA reporting
- Health and Safety: To prevent a serious threat
- Law Enforcement: As required by legal processes
- National Security: Authorized federal activities
- Correctional Institutions: If you are in custody

Your Rights

You have the following rights regarding your health information:

Access

You may inspect or request copies of your health records. Requests must be made in writing. Reasonable, cost-based fees may apply.

Amendment

You may request corrections to your health information in writing. We may deny certain requests as permitted by law.

Accounting of Disclosures

You may request a list of disclosures made outside of treatment, payment, and healthcare operations for up to six years.

Restrictions

You may request limits on how we use or disclose your information. While we are not required to agree to all requests, we must agree to restrictions involving out-of-pocket payments in full.

Confidential Communications

You may request that we contact you in a specific way (e.g., only at work or by mail). Requests must be in writing.

Breach Notification

You will be notified if your unsecured health information is breached, as required by law.

Paper Copy

You may request a paper copy of this Notice at any time.

Questions, Concerns, or Complaints

If you have questions about this Notice or believe your privacy rights have been violated, you may contact us:

Kimberly Foon D.D.S.

Phone: 626-449-2996

Fax: 626-449-3431

Email: info@drfoon.com

Address: 200 S. El Molino Ave, Suite 3, Pasadena, CA 91101

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Filing a complaint will not result in retaliation.