

## ***NOTICE OF PRIVACY PRACTICES***

**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 RESPONSIBILITIES**

We are required by law to maintain the privacy and security of your protected health information (PHI). We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you authorize us in writing.

### **USES AND DISCLOSURES**

We may use and disclose your PHI for Treatment, Payment, and Health Care Operations (TPO). We will never sell your health information.

- Treatment: We may share your PHI with other providers involved in your care (e.g., your general dentist).
- Payment: We may use and disclose your PHI to bill and obtain payment from health plans or other entities.
- Health Care Operations: We may use and disclose your PHI to run our practice, improve your care, and contact you when necessary.

We may contact you by telephone, voicemail, email, text message, or mail for appointment reminders, follow up, and treatment options.

Any other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke your authorization at any time in writing.

### **YOUR RIGHTS**

You have the right to: (1) inspect and obtain a copy of your record (paper or electronic); (2) request corrections (amendments); (3) request confidential communications; (4) request restrictions on certain uses/disclosures (we are not required to agree, except we must agree not to share with your health plan information about services you pay for in full out-of-pocket); (5) obtain an accounting of certain disclosures (6 years); and (6) obtain a paper copy of this notice. We may charge a reasonable, cost-based fee for copies of records. A \$20 fee may apply.

### **OTHER PERMITTED DISCLOSURES**

We may disclose PHI as required by law and for public health and safety, health oversight, law enforcement, judicial/administrative proceedings, workers' compensation, research (as permitted), organ donation, coroners/medical examiners, and specialized government functions.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health & Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

### **CHANGES TO THIS NOTICE**

We may change the terms of this notice. The changes will apply to all PHI we maintain. The revised notice will be available upon request and in our office.

### **EFFECTIVE DATE**

This notice is effective on February 16, 2026.

### **CONTACT INFORMATION**

**Privacy Officer:** Gregory K. An, D.D.S., M.P.H. | Jean A. Yang, D.M.D.  
1690 Woodside Road, Ste. 209, Redwood City, CA 94061  
Phone: (650) 369-2555 | Fax: (650) 369-2556  
HHS OCR: 200 Independence Avenue, S.W., Washington, DC 20201 | (202) 619-0257 | Toll free: (877) 696-6775