

Gold River Pediatric Dentistry

Your Information. Your Rights. Our Responsibilities.

This notice of our privacy practices describes how your protected health information may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective date: February 16, 2026

Gold River Pediatric Dentistry complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English:

Our dental 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.

Español (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.

中文 (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。

Tiếng Việt (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.

한국어 (Korean):

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

Հայերեն (Armenian):

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

Русский (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.

日本語 (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。

العربية (Arabic):

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

हिन्दी (Hindi):

हमारे दंत चिकित्सालय के प्रभारी, जो व्यक्ति अच्छी तरह अंग्रेजी बोल नहीं सकते हैं उनको, हम जो दंत चिकित्सा देखभाल प्रदान कर रहे हैं उसके बारे में बात करने के लिए बिना कोई शुल्क भाषा सहायता सेवाएं प्रदान करेंगे।

ไทย (Thai):

แนวปฏิบัติด้านทันตกรรมของเราจะให้บริการช่วยเหลือด้านภาษาฟรีแก่บุคคลที่พูดภาษาอังกฤษไม่ชำนาญเพียงพอที่จะหารือเกี่ยวกับบริการทันตกรรมของเรา

Hmong:

Peb lub chaw kho hniav yuav muab kev pab txhais lus dawb rau cov neeg uas hais lus Askiv tsis zoo txaus los tham txog kev kho hniav uas peb muab.

ਪੰਜਾਬੀ (Punjabi):

ਸਾਡੀ ਦੰਦਾਂ ਦੀ ਪ੍ਰੈਕਟਿਸ ਉਨ੍ਹਾਂ ਲੋਕਾਂ ਨੂੰ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਪ੍ਰਦਾਨ ਕਰੇਗੀ ਜੋ ਅੰਗਰੇਜ਼ੀ ਇਤਨੀ ਚੰਗੀ ਤਰ੍ਹਾਂ ਨਹੀਂ ਬੋਲ ਸਕਦੇ ਕਿ ਅਸੀਂ ਜੇ ਦੰਦਾਂ ਦੀ ਦੇਖਭਾਲ ਪ੍ਰਦਾਨ ਕਰ ਰਹੇ ਹਾਂ ਉਸ ਬਾਰੇ ਗੱਲ ਕਰ ਸਕਣ।

ខ្មែរ (Khmer):

គ្រូជ្រាបជំនាញឆ្មេញយើងខ្ញុំនឹងផ្តល់នូវសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃជូនដល់អតិថិជនដែលមិនចេះនិយាយភាសាអង់គ្លេសដើម្បីពិភាក្សាអំពីការថែរក្សាដែលយើងខ្ញុំកំពុងផ្តល់ជូន។

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your record

You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your record

You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information

You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

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.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information, except as part of a practice sale or merger.
- Substance use disorder treatment information in your record.

Fundraising

We may contact you for fundraising efforts, but you can tell us not to contact you again. If our practice creates or maintains records subject to 42 CFR Part 2 (substance use disorder treatment records), you will first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications before any such records are used or disclosed for fundraising purposes.

Our Uses and Disclosures

How do we typically use or share your health information?

Treat you

We can use your health information and share it with other professionals who are treating you. For example, Dr. Pyo may refer your child to a specialist for certain types of treatment, or may consult with your child's physician when dental surgery is needed.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may use a third-party service or artificial intelligence system to manage appointment reminders, patient communications, and our schedule, and to assist with documentation. When we do so, we have agreements in place that require those third parties to comply with privacy and security laws.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. For example, we give necessary information about your child to your health insurance plan so it will pay for the services we provide.

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We must meet specified conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Research. We can use or share your information for health research.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Workers' compensation, law enforcement, and government requests. We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military and national security.

Lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Substance Use Disorder Treatment Records

Federal law provides special protections for substance use disorder (SUD) treatment records that are covered by 42 CFR Part 2. If our practice creates, receives, or maintains any such records, the following additional protections apply to those records.

Restrictions on Use and Disclosure

Unlike other protected health information, SUD treatment records covered by 42 CFR Part 2 generally may not be used or disclosed for treatment, payment, or health care operations without your written consent. These records have more restrictive protections than other health information maintained by our practice.

Protection in Legal Proceedings

Substance use disorder treatment records received from programs subject to 42 CFR Part 2, or testimony relating the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order issued after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Impact of More Restrictive Laws

Where the uses or disclosures of information described in this notice are limited by other laws that are more restrictive than HIPAA (including but not limited to 42 CFR Part 2 for SUD records), we will follow the more restrictive law. The descriptions of permitted uses and disclosures in this notice reflect those more stringent requirements where applicable.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will not send you unsecured emails containing your protected health information without obtaining your informed consent.

We will let you know 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 provide us with a written authorization. If you provide a written authorization, you may revoke that authorization at any time by submitting a written revocation to our Privacy Officer. Your revocation will not affect any uses or disclosures already made in reliance on your prior authorization.

Please be aware that health information disclosed by our practice pursuant to a valid authorization or as otherwise permitted by law may be subject to redisclosure by the recipient and may no longer be protected by federal privacy laws.

We are required to comply with applicable state law, which may place further restrictions on the use and disclosure of your information. In some states, additional protections may apply to records related to mental health treatment, substance use disorders, reproductive health care, HIV/AIDS, genetic information, or other categories of sensitive health data. We will follow the more restrictive law when state and federal requirements differ.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website at www.goldriverpediatricdentistry.com. We are required to abide by the terms of this notice that are currently in effect. If we maintain a website that provides information about our services or benefits, we will prominently post the current version of this notice on that website.

Questions and Complaints

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

Privacy Officer: Dr. Scott Pyo, DDS

Telephone: (916) 638-8778

Email: info@goldriverpediatricdentistry.com

Address: 11230 Gold Express Dr, Ste 302, Gold River, CA 95670

Website: www.goldriverpediatricdentistry.com

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 office or to:

U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. Phone: 1-877-696-6775. Website: www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse to Sign This Acknowledgement

I, _____ (full name),
have received a copy of the **Gold River Pediatric Dentistry** Notice of Privacy Practices.

Print

Name:

Signature:

Date:

*If this acknowledgement is signed by a personal representative on behalf of the patient,
complete the following:*

Personal Representative's

Name: _____

Relationship to

Patient: _____

For Practice Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,
but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify): _____