



NOTICE OF PRIVACY PRACTICES

Effective: May 5, 2025

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 LEGAL DUTY

The University of the Pacific is a Hybrid Entity with Designated Healthcare Components subject to the Health Insurance and Portability Act of 1996 ("HIPAA") and other components that are not subject to HIPAA. Our Designated Healthcare Components (including our clinic at the Dugoni School of Dentistry) are required by law to maintain the privacy of your protected health information. We are required to give you this notice about our privacy practices and our legal duties ("Notice"), and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect.

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 these changes 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 change this Notice, and post the new Notice clearly and prominently, and will make the new Notice available upon request.

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 protected health information about you for treatment, payment, and healthcare operations. Some information may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records. When we disclose protected health information, the recipient of the information may not be subject to HIPAA and the information may no longer be protected by HIPAA.

Treatment: We may use or disclose your protected health information for treatment purposes. For example, we may disclose information about your last appointment to a specialist also treating you.

Payment: We may use and disclose your protected health information to obtain payment for services we provide to you. For example, we may send claims to your health plan containing protected health information.

Healthcare Operations: We may use and disclose your protected health information in connection with our healthcare operations. For example, our healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. As an educational institution your protected health information may be accessed by students, residents, faculty and staff of the university during the course of clinical operations.

Friends, Family, and Persons Involved in Your Care: We may disclose your protected health information to your family, friends or any other individual identified by you when they are involved in your care or the payment of your care. Additionally, if a person has the authority by law to make health care decisions for you, we will treat that personal representative the same way we would treat you with respect to your personal health information. We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. 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 healthcare. 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.

Disaster Relief: We may use or disclose your protected health information to assist in disaster relief efforts.

Marketing Health-Related Services: We will not use your protected health information for purposes that are marketing under HIPAA except as permitted by HIPAA or with your written authorization. We may provide refill reminders or communicate with you about a drug

or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to our cost of making the communication. In addition, we may market to you in a face-to-face encounter and give you promotional gifts of nominal value without obtaining your written authorization.

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

Public Health Activities: We may disclose your protected health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

National Security: We may disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions, or law enforcement officials having lawful custody, the protected health information of an inmate or patient under certain circumstances.

Secretary of the Department of Health and Human Services ("HHS"): We will disclose your protected health information to the Secretary of HHS when required to investigate or determine compliance with HIPAA.

Worker's Compensation: We may disclose your protected health information to the extent authorized by, and to the extent necessary to, comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement: We may disclose your protected health information for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities: We may disclose your protected health information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and credentialing, as necessary for licensure, and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research: We may disclose your protected health information to researchers when their research has been approved by our institutional review board (IRB). Our IRB will review the research proposal and confirm protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors: We may release your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Fundraising: We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive fundraising communications from us, you may opt out of receiving these communications. If we create or maintain records subject to 42 CFR part 2 and intend to use or disclose those records for fundraising, we will first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

Appointment Reminders: We may disclose your protected health information to provide you with appointment reminders (such as phone calls, voicemail messages, emails, postcards, or letters).

Other Uses and Disclosures of Protected Health Information: Your written authorization is required for the sale of your protected health information, for use or disclosure for marketing purposes, and for most uses and disclosures of psychotherapy notes. We will also obtain your written authorization before using or disclosing your protected health information for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your protected health information, except to the extent that we have already taken action in reliance on the authorization.

Substance Use Disorder Treatment Records: If we receive substance use disorder treatment records about you from a program subject to federal regulations (at 42 CFR part 2), or testimony with the content of such records, we will not use or disclose the records or testimony in civil, criminal, administrative or legislative proceedings against you except based on your written consent, or a court order after notice and an opportunity to be heard is provided.

Uses and Disclosures of Reproductive Health Information: HIPAA prohibits, and we will not, use or disclose protected health information to:

- Conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- Impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- Identify any person for any of the two above purposes.

The prohibition above applies when the reproductive health care at issue (1) is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided, (2) is protected, required, or authorized by federal law, under the circumstances in which such health care is provided, regardless of the state in which it is provided, or (3) is provided by another person and presumed lawful. For example, we will not disclose information about a lawful abortion in response to a subpoena seeking records related to lawful reproductive health care services absent the attestation discussed below.

If a person requests protected health information potentially related to reproductive health care for any of the following purposes, we will only use or disclose the information after obtaining an attestation from the person that the request is not for a prohibited purpose and complying with HIPAA and other applicable law: health oversight activities; judicial and administrative proceedings; law enforcement; or to a coroner or medical examiner for identification of a deceased person, determining a cause of death or other duties authorized by law. For example, if we receive a subpoena for reproductive health information in the course of a court proceeding, we will require the party issuing the subpoena to attest that the subpoena is not for one of the prohibited purposes above.

YOUR HEALTH INFORMATION RIGHTS

Access: You have the right to look at or get copies of your protected health information in medical records, billing records and certain other designated record sets, with limited exceptions. You must make the request in writing. If you request information in records that we maintain electronically, you have the right to an electronic copy. We will use the format you request unless we cannot practically do so. We reserve the right to charge you a reasonable cost-based fee for expenses such as supplies and labor. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this Notice for more information. If we deny your request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. You must submit your request in writing to the Privacy Officer. 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 protected health information by submitting a written request to our Privacy Officer. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or healthcare operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid in full.

Alternative Communication: You have the right to request that we communicate with you about your protected health information by alternative means or at alternative locations. You must make your request in writing. Your request 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. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Amendment: You have the right to request that we amend your protected health information in your medical records or other designated records sets. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why and explain your rights.

Notification of Breach: You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice: If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice.

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 regarding your protected health information, such as access, amendment, restriction or any other right mentioned in this notice, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to HHS. We will provide you with the address to file your complaint with HHS upon request. We support your right to the privacy of your protected 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 information:

Ms. Vanessa Bricker

Director of Patient Relations

415.929.6552

ybricker@pacific.edu; privacy@pacific.edu

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Updated: May 5, 2025

Authorized Forms of Communication

University of the Pacific School of Dentistry can send you various notices via electronic methods. An example would be appointment reminders, letters, clinic updates and requests for information. In order to communicate with you using these methods (text or email) we need your authorization to do so. Not all communications will use electronic methods; we will still call you and send communications through the US Postal service on occasion.

Please note that electronic transmissions are not secure and are at risk for access by third parties. To help ensure your privacy, to the best of our ability, no personal identifying information (e.g. birthdates, ID numbers) will be included in transmissions.

If you would like to receive communications by the methods above, please sign below. You may choose one or the other or both.

I consent for the University of the Pacific School of Dentistry to communicate with me via text messages and/or email. I understand that the responsibility of attending appointments or cancelling them still rests with me. I understand that transmission may not be secure. I agree to advise the school if my mobile number changes or my email service is no longer viable.

Text ☐ Yes ☐ No

Email ☐ Yes ☐ No

Signed _____

Date _____

Financial Policies

The undersigned authorizes the University of the Pacific to submit claims (on patient's behalf) to insurance, Denti-Cal, or other third party payer(s) and to disclose health information to the extent necessary to obtain payment. The undersigned also assigns benefits paid by insurance, Denti-Cal or other third party payer(s) directly to the University of the Pacific. In consideration of the dental services provided, the undersigned assigns to the University of the Pacific any benefits to which the undersigned may be entitled to receive, including without limitation any such benefits due or claims the undersigned has under or pursuant to a benefit plan governed under ERISA, 29 USC sec 101 et seq.

I have reviewed the University of Pacific's financial policies as stated above and I understand, agree to be bound by, and accept the responsibility of cooperating with these policies. I understand that I will be responsible for all financial balances resulting from treatment received that is not paid by my insurance company, Denti-Cal or any third party payee.

Signed _____

Date _____

**University of the Pacific
School Of Dentistry**

Dental Materials Fact Sheet Acknowledgement of Receipt

I acknowledge that I have received the Dental Materials Fact Sheet developed by the Dental Board of California. I understand that this fact sheet has been provided to me in an effort to ensure I am fully informed of the variety of materials available for dental restorations. I understand that I should review this information to make a fully informed decision regarding dental restorative treatment. I also understand that if I have questions or concerns regarding this information that it is my right to have a discussion regarding this aspect of my care with my student or supervising clinical faculty member before undertaking any restorative treatment.

Signed

Date

Acknowledgement of Receipt of Notice of Privacy Practices

** You Have the Right to Refuse to Sign This Document**

I, (print name) _____ have read and/or received a copy of this
office's Notice of Privacy Practices.

Signed

Date

For Office 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
- ☐ Communication barriers prohibited obtaining acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (please specify)

UNIVERSITY OF THE
PACIFIC
Arthur A. Dugoni
School of Dentistry

The University of the Pacific, San Francisco Campus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The University does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The University:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters,
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a member of staff or if applicable your student dentist.

Our services are fully accessible in accordance with all federal and state laws. The University provides all necessary assistance for accessibility in exam areas. For assistance outside of these areas patients are welcome to bring companions to their appointments.

If you believe that the University has failed to provide these services or discriminated in another way on the basis of race, color national origin, age, disability, or sex, you can file a grievance with

Vanessa Bricker, Director of Patient Relations
155 Fifth Street, San Francisco, CA 94103
vbricker@pacific.edu
(415) 351-7124, (415) 929-6699 (fax)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Vanessa Bricker, Patient Relations Liaison is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201
1-800-868-1019, 1-800-537-7697 (TDD)

