CHANELLE SY dds
GENERAL AND COSMETIC DENTISTRY
MISSION VIEJO (949) 380-0700

25212 Marguerite Pkwy, Suite 110 | Mission Viejo, CA 92692
(949) 380-0700 | sydentistry.com

Notice of Privacy Practices

Effective September 1, 2026 | Please review carefully and keep a copy.

This notice explains how we may use and disclose your health information, your rights, and our responsibilities.

YOUR RIGHTS

- Inspect or obtain an electronic or paper copy of your dental, billing, and other designated records. We generally respond within 30 days and may charge a permitted cost-based fee.
- Ask us to correct information you believe is incorrect or incomplete. If we deny the request, we will explain why in writing, generally within 60 days.
- Ask us to contact you in a particular way or at a different address; we will agree to reasonable requests.
- Ask us to limit certain uses or disclosures. We are not usually required to agree. If you pay in full out of pocket, we will honor a request not to disclose that service to your health plan for payment or operations unless law requires otherwise.
- Request an accounting of certain disclosures made during the prior six years. One accounting in a 12-month period is free; a permitted cost-based fee may apply to another.
- Receive a paper copy of this notice at any time and authorize a verified personal representative to act for you.
- Complain without retaliation. Contact our Privacy Officer or HHS Office for Civil Rights at 1-877-696-6775 or hhs.gov/hipaa/filing-a-complaint.

YOUR CHOICES

- Tell us whether to share relevant information with family, friends, or others involved in your care or payment, or for disaster relief. If you cannot tell us, we may share when we believe it is in your best interest or needed to prevent a serious and imminent threat.
- We require written authorization for marketing as defined by HIPAA, sale of information, most uses of psychotherapy notes, and public use of identifiable patient photos, videos, stories, or testimonials. You may revoke an authorization in writing except for actions already taken.
- You may opt out of fundraising communications. We do not currently use patient information for fundraising.

HOW WE COMMONLY USE OR SHARE INFORMATION

- Treatment: provide care and coordinate with other treating professionals.
- Payment: bill you, submit benefit claims, verify coverage, and obtain payment.
- Health-care operations: run the practice, improve care, train staff, conduct quality review, and contact you when necessary.

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Other Disclosures & Acknowledgment

Acknowledgment confirms receipt or access; it is not consent to every use or disclosure.

OTHER USES AND DISCLOSURES ALLOWED OR REQUIRED BY LAW

- Public health and safety activities, including disease prevention, product recalls, adverse-event reporting, suspected abuse or neglect, and serious threats to health or safety.
- Health research when legal requirements are met; compliance with federal or state law; and HHS review of our privacy compliance.
- Organ and tissue donation; coroners, medical examiners, and funeral directors when a person dies.
- Workers' compensation, health oversight, limited law-enforcement requests, and authorized special government functions.
- Court or administrative orders and certain subpoenas or legal proceedings, subject to applicable safeguards.

When California law provides greater protection, we follow the more protective law. To the extent we maintain substance use disorder records subject to 42 CFR Part 2, we will not use or disclose those records in proceedings against you without your written consent or a court order and subpoena, as applicable.

OUR RESPONSIBILITIES

- Maintain the privacy and security of your protected health information and notify you promptly of a breach that may compromise it.
- Follow the notice currently in effect, provide a copy upon request, and obtain written permission for uses or disclosures not described here.
- Use reasonable safeguards and leave only limited appointment, treatment, or payment messages consistent with your preferences.
- We may revise this notice for all information we maintain. The current version will be available in our office, on our website, and upon request.

PRIVACY OFFICER

Dr. Chanelle Sy | 25212 Marguerite Pkwy, Suite 110, Mission Viejo, CA 92692 | (949) 380-0700

PATIENT ACKNOWLEDGMENT

I acknowledge that I received or was offered access to Chanelle Sy, DDS's Notice of Privacy Practices, effective September 1, 2026. I understand I may request a paper copy at any time.

PATIENT NAME *

DATE OF BIRTH

PATIENT / PARENT / LEGAL REPRESENTATIVE SIGNATURE (TYPE OR SIGN AFTER PRINTING) *

DATE *

IF REPRESENTATIVE: PRINTED NAME, RELATIONSHIP, AND AUTHORITY

OFFICE USE ONLY - IF ACKNOWLEDGMENT NOT OBTAINED

☐ Patient declined to sign ☐ Patient was unable to sign ☐ Other

GOOD-FAITH EFFORTS / REASON NOT OBTAINED