NEWTON BUI, D.D.S. & ASSOCIATES

COSMETIC, IMPLANT & FAMILY DENTISTRY

14331 Euclid St., Suite 101, Garden Grove, CA 92843 | (714) 554-4413 | Fax (714) 554-2154

NOTICE OF PRIVACY PRACTICES

Effective date: October 1, 2026

Practice	Newton Bui, D.D.S. & Associates
Address	14331 Euclid St., Suite 101, Garden Grove, CA 92843
Telephone	(714) 554-4413
Fax	(714) 554-2154
Email	newton_bui@yahoo.com
Privacy Official	Office Manager

Your information. Your rights. Our responsibilities. This notice describes how health information about you may be used and disclosed and how you can obtain access to it. Please review it carefully.

Your Rights

- Obtain an electronic or paper copy of your dental and health record.
- Ask us to correct information that you believe is incorrect or incomplete.
- Request confidential communications and ask us to contact you in a particular way or at a particular location.
- Ask us to limit certain uses or disclosures of your information.
- Request an accounting of certain disclosures of your information.
- Obtain a paper copy of this notice at any time.
- Choose someone with legal authority to act for you.
- File a complaint if you believe your privacy rights have been violated.

Obtain a copy of your record

You may ask to inspect or receive an electronic or paper copy of the dental records and other health information we maintain about you. We will generally provide a copy or summary within the time required by law. We may charge a reasonable, cost-based fee as permitted by law.

Ask us to correct your record

You may ask us to correct health information that you believe is incorrect or incomplete. We may deny the request in some circumstances, but we will explain a denial in writing within the period required by law.

Request confidential communications

You may ask us to contact you in a specific way, such as by telephone, mail, or at another address. We will accommodate reasonable requests.

Ask us to limit uses or disclosures

You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are not always required to agree. If you pay for a service in full out of pocket, you may ask us not to disclose information about that service to your health plan for payment or health care operations, unless disclosure is required by law.

Request an accounting of disclosures

You may request a list of certain disclosures made during the six years before your request. The accounting does not include all disclosures, including most disclosures for treatment, payment, health care operations, or disclosures you authorized. One accounting in a 12-month period is provided without charge; a reasonable fee may apply to additional requests.

Choose a personal representative

A person legally authorized to act for you, such as a legal guardian or an agent under an applicable health care power of attorney, may exercise your rights. We will verify that authority before acting.

File a privacy complaint

You may complain to our Privacy Official using the contact information above. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue SW, Washington, DC 20201, by calling 1-877-696-6775, or by visiting hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

Your Choices

Tell us your preferences regarding disclosures to family members, close friends, or other people involved in your care or payment for your care. You may also tell us your preferences concerning disaster-relief situations. If you cannot communicate your preference, we may disclose information when we believe it is in your best interest or when necessary to reduce a serious and imminent threat to health or safety, as permitted by law.

Written authorization is generally required for: most uses and disclosures for marketing, the sale of protected health information, and most disclosures of psychotherapy notes. We do not sell your protected health information. You may revoke an authorization in writing, except to the extent that we have already relied on it.

How We May Use and Disclose Your Information

Treatment

We may use and disclose your information to dentists, physicians, laboratories, specialists, pharmacies, and other professionals involved in your care.

Health care operations

We may use and disclose information to operate the practice, coordinate services, improve quality, train staff, conduct compliance activities, and contact you when necessary.

Payment

We may use and disclose information to bill you, submit claims, verify coverage, obtain payment, and coordinate benefits.

Public health and safety

We may disclose information for activities authorized by law, including disease prevention, product recalls, reporting adverse events, reporting suspected abuse or neglect, and preventing or reducing a serious threat to health or safety.

Research

We may use or disclose information for research when applicable legal requirements and safeguards are satisfied.

Required by law and health oversight

We may disclose information when federal or state law requires it, to health oversight agencies for authorized activities, and to the U.S. Department of Health and Human Services to demonstrate compliance.

Workers compensation and law enforcement

We may disclose information for workers compensation, authorized law-enforcement purposes, and certain government functions as permitted or required by law.

Legal proceedings

We may disclose information in response to a court or administrative order, subpoena, discovery request, or other lawful process, subject to applicable safeguards.

Decedents and donation

We may disclose information to coroners, medical examiners, funeral directors, and organ-procurement organizations as permitted by law.

Sensitive Information

Some information may receive additional protection under federal or California law. When a law provides stronger privacy protection, we will follow that law. To the extent we maintain substance use disorder patient records protected by 42 CFR Part 2, those records will not be used or disclosed in investigations or proceedings against the patient without written consent or the court process required by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of protected health information.
- We will notify affected individuals as required if a breach compromises the privacy or security of their information.
- We must follow the duties and practices described in the notice currently in effect.
- We will not use or disclose information other than as described here unless you authorize it in writing or the law otherwise permits or requires it.

Changes to This Notice

We may change this notice and make the revised terms effective for information we already maintain as well as information received in the future. The current notice will be available upon request, in the office, and on our website.