

# HIPAA Notice of Privacy Practices

Baum Orthodontics, Inc.

Westchester office of Baum & Fernandes Orthodontics

**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.**

**Effective date:** October 23, 2026

## Who this notice covers

This Notice of Privacy Practices applies to **Baum Orthodontics, Inc.**, providing orthodontic care at the Westchester office of Baum & Fernandes Orthodontics, 8540 S Sepulveda Blvd, Suite 1012, Los Angeles, CA 90045.

In this notice, “we,” “us” and “our” mean Baum Orthodontics, Inc. and members of its workforce acting on its behalf. This notice describes how we handle the protected health information we create, receive or maintain in paper, electronic and spoken form.

## Questions, requests or complaints

### Tricia Montoya — Designated privacy contact

Baum Orthodontics, Inc.

Baum & Fernandes Orthodontics — Westchester

8540 S Sepulveda Blvd, Suite 1012, Los Angeles, CA 90045

[tmontoya@baumorthodontics.com](mailto:tmontoya@baumorthodontics.com)

(310) 670-1411

Contact Tricia Montoya to exercise the rights below, obtain a paper copy, discuss this notice or make a privacy complaint. We may need a written request and reasonable identity verification. Please call for instructions before emailing clinical records or other sensitive information.

## Your rights

### Inspect or obtain your records

You may request access to your dental and billing records, including an electronic copy when available. California law generally provides for inspection within five working days and copies within 15 days after a written request, subject to applicable exceptions. Only fees allowed by law may be charged. If access is limited or denied, we will explain the reason and any available review rights.

### Ask for a correction

If information in your records is inaccurate or incomplete, you may request an amendment in writing and explain why. We generally act within 60 days; a permitted extension will be explained in writing. If we deny the request, we will explain the decision and how to submit a statement of disagreement.

### Request a private way to contact you

You may ask us to use a different telephone number, address or reasonable communication method. We will accommodate reasonable requests. Tell Tricia Montoya how you would like us to reach you.

### Request limits on sharing

You may ask us to restrict certain uses or disclosures for treatment, payment or office operations. We generally do not have to agree, and will tell you our decision. If you pay for a particular service entirely out of pocket and request a restriction, we must withhold information about that service from your health plan for payment or operations unless disclosure is required by law.

### Ask for an accounting of disclosures

You may request a list of certain disclosures made during the preceding six years. The list generally excludes disclosures for treatment, payment, health care operations, your written authorization and other exceptions allowed by law. One accounting in a 12-month period is free. We will tell you about any permitted charge for additional requests before proceeding.

### Receive this notice or use a personal representative

You may obtain a free paper copy even if you previously accepted an electronic copy. A legally authorized representative may exercise rights for you within the scope of that authority. We verify that authority and apply laws protecting minors and other individuals whose information may have additional protection.

### How we may use and disclose health information

The following uses are subject to applicable law, including the additional protections described below.

- **Treatment:** We use records to diagnose and plan orthodontic care and may share relevant information with your dentist, surgeon or another treating provider. For example, we may send X-rays to a surgeon involved in your treatment.
- **Payment:** We use information to prepare bills and obtain payment. For example, we may send your insurer the information needed to process an orthodontic claim.
- **Health care operations:** We use information to manage the practice and assess care. For example, the clinical team may review treatment records to evaluate quality. Service providers who handle protected information on our behalf must have the privacy obligations required by law.

We may contact you about appointments, treatment alternatives and related services as permitted by law, while honoring applicable communication restrictions.

### Other legally permitted or required disclosures

When the relevant legal conditions are met, information may also be used or disclosed for:

- Public health reporting, product safety, and reporting suspected abuse or neglect.
- Preventing or reducing a serious and imminent threat to health or safety.
- Health oversight activities, such as authorized audits, inspections and investigations.
- Research with authorization or another legally permitted basis and required safeguards.
- Coroners, medical examiners, funeral directors, and organ or tissue donation activities.
- Workers' compensation, certain law enforcement requests, and authorized military or national security functions.
- Court or administrative proceedings, including legally valid orders or other process that meets applicable privacy requirements.
- Other disclosures required by law, including review of our compliance by the U.S. Department of Health and Human Services.

These categories do not authorize unrestricted access to your records. We evaluate the applicable requirements and limit information when the law requires it.

## **Your choices and written authorization**

You may tell us whether we may share relevant information with family, friends or others involved in your care or payment. We generally give you an opportunity to agree or object. During incapacity or an emergency, limited sharing may be permitted based on professional judgment and your best interests. Limited disclosures for disaster relief may also be permitted.

Marketing uses requiring authorization, sales of protected health information, and most uses or disclosures of psychotherapy notes require your written authorization. Other uses or disclosures not described in this notice will be made only with your written authorization. You may revoke an authorization by writing to Tricia Montoya; revocation does not undo actions already taken in reliance on it.

If we send fundraising communications, you may opt out of future fundraising messages. Any use of specially protected substance use disorder records for fundraising requires advance notice and an opportunity to elect not to receive those communications.

## **Additional protections**

### **California privacy protections**

California's Confidentiality of Medical Information Act and other applicable laws may impose protections beyond HIPAA. We obtain authorization when required and apply the more protective applicable rule. Certain mental health, HIV-related and other specially protected records may have additional disclosure restrictions; a general permission to share health information does not override them.

### **Substance use disorder treatment records**

If we receive or maintain records protected by 42 CFR Part 2, those records and testimony describing them cannot be used or disclosed in civil, criminal, administrative or legislative investigations or proceedings against you without your written consent or a qualifying court order issued after notice and an opportunity to be heard. A court order must also be accompanied by a subpoena or other legal requirement compelling disclosure.

## **Our responsibilities**

We are legally responsible for protecting your health information, providing this notice and following the notice currently in effect. We must notify affected individuals as required by law after a breach of unsecured protected health information.

## **How to make a privacy complaint**

You may contact Tricia Montoya by telephone, email or mail using the details above. Please describe your concern and how we can contact you. You may also complain to the [U.S. Department of Health and Human Services Office for Civil Rights](#), including through its online complaint process. We will not retaliate or penalize you for exercising your rights or filing a complaint.

## **Changes to this notice**

We reserve the right to revise this notice and apply the revised terms to information we already hold and information received later, as permitted by law. The current notice, with its effective date, will be available at our office, on this website and on request.

For information about the website's contact form and browsing features, see [Website Privacy](#).