

Dadeland Oral Surgery Associates PA  
8950 SW 74 Court S1610  
Miami, FL 33156  
305-670-7610

## **NOTICE OF PRIVACY PRACTICES**

### **Your Information. Your Rights. Our Responsibilities.**

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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.**

#### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law

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- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **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 medical/dental record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- You are permitted to take a photographic image of your medical/dental record while in the presence of an employee/representative of this practice.
- We will provide a copy or a summary of your health information or grant you access, usually within 15 days of your request. We may charge \$6.50 for procuring any of these records as permitted by HIPAA law.

### **Ask us to correct your medical/dental record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll 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.

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### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've 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'll 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 make sure the person has this authority and can act for you before we take any action.
- You must designate this person(s) in writing. (See 45 CFR 164.524(c)(3)(ii))

### **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 on page 1. Please address your concerns to our designated Privacy Officer: **Sandra Penagos, Dadeland Oral Surgery Associates, PA Ph: (305) 898-7745, email: [administrator@dadelandoralsurgery.com](mailto:administrator@dadelandoralsurgery.com)**. Your concerns are taken seriously and will be given the immediate attention they deserve. Complaints are replied within 24-48 hrs. If you feel your concerns are not addressed timely or adequately:
- 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/](http://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.

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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 (with written signed designation, per 45 CFR 164.524(c)(3)(ii)).
- Share information in a disaster relief situation
- Include your information in a hospital directory

*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
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

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### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **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 have to meet many 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](http://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

### **Do 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’re complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **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.

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### **Address workers' compensation, law enforcement, and other 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
- For special government functions such as military, national security, and presidential protective services

### **Respond to 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.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- 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 tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- NOTE: We never market or sell personal information.
- State of Florida Law requires privacy violations leading a breach affecting 500 or more persons must be reported to the State Agency "expeditiously but no later than 30 days. Breaches affecting 500,000 or more must be publicly announced for the protection and awareness of the public. Such notice must be "in print and to broadcast media, including major media in urban and rural areas where the affected individuals reside."(State of Florida, Ch 501.171, 3(a), 4(f)).

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

State of Florida Statutes Chapter 501.171, security of confidential personal information.

3(a), 4(f) [http://www.leg.state.fl.us/Statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0500-0599/0501/Sections/0501.171.html](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0500-0599/0501/Sections/0501.171.html)

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## 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 web site.

Effective Date: February 15, 2026

Our designated Privacy Officer (PO) is: Sandra Penagos Office Administrator. This person has been adequately trained in matters of your privacy and safeguarding your personal health Information (PHI) and may be contacted at 305-670-7610 and administrator@dadelandoralsurgery.com. If you believe your PHI has been violated or otherwise compromised, please contact our PO immediately.

Effective Date: February 16, 2026

**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.**

### I. Our Pledge Regarding Health Information

We understand that health information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all of the records of your care generated by Dadeland Oral Surgery Associates, PA.

### II. Special Protections for Substance Use Disorder (SUD) and Mental Health Disorders (MHD) Records

Some of the health information we collect may be protected by federal regulations known as **42 CFR Part 2**. These regulations provide additional confidentiality protections for records that identify you as having or having had a substance use disorder (SUD) and mental health disorders/treatment (MHD).

- **Written Consent for TPO:** Unlike standard health information, we will generally obtain your written consent before disclosing your SUD and MHD records for treatment, payment, or healthcare operations. You may provide a single consent that will apply to all future TPO disclosures until you revoke it.
- **Prohibition on Use in Legal Proceedings:** Your SUD and MHD records, and any testimony relaying the content of those records, may not be used in any civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court issues a qualifying order.
- **Notice of Redisclosure:** If we disclose your SUD and MHD records to a HIPAA-covered entity or business associate with your consent, that entity may further redisclose those records as permitted by the HIPAA Privacy Rule, except for use in legal proceedings against you. [\[1\]](#) [\[2\]](#)

### III. How We May Use and Disclose Your Information

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**For Treatment:** We may use and disclose your information to provide you with medical treatment or services. *Example: A doctor treating you for a broken leg may need to know if you have a substance use disorder because certain medications may interact with your treatment.*

**For Payment:** We may use and disclose information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party.

**For Healthcare Operations:** We may use and disclose information for office operations, such as quality assessment, staff training, and auditing.

**Without Your Consent:** We may disclose your information without consent in the following limited circumstances:

- **Medical Emergencies:** To meet a bona fide medical emergency.
- **Public Health:** For public health activities (SUD and MHD records must be de-identified).
- **Law Enforcement:** In response to a crime committed on our premises or against our personnel.
- **Audit/Evaluation:** To authorized government agencies for program oversight.

#### IV. Your Rights Regarding Your Health Information

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your medical and billing records.
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures we have made of your information. For SUD and MHD records disclosed for TPO through an electronic health record, this accounting covers the three years prior to your request.
- **Right to Request Restrictions:** You have the right to request a restriction on the information we use or disclose. We are not required to agree, except for requests to withhold information from a health plan for services you paid for in full out-of-pocket.
- **Right to Opt-Out of Fundraising:** We may contact you for fundraising efforts. You have the right to opt out of receiving these communications at any time.

#### V. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.** **Privacy Officer Name:** Sandra Penagos **Phone Number:** 305-670-7610 **e-mail address:** administrator@dadelandoralsurgery.com