

MOSAIC

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Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed, and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. This notice describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations, and/or other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you including demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to:

- Maintain the privacy of your protected health information.
- Give you this notice of our legal duties and privacy practices with respect to that information.
- Abide by the terms of our notice that is currently in effect.

A. How we may use or disclose your health information:

The following examples describe different ways we may use or disclose your health information. These examples are not meant to be exhaustive. We are permitted by law to use and disclose your health information for the following purposes:

Common Uses and Disclosures

- 1. Treatment:** We may use your health information to provide you with dental or medical treatment or services such as oral exams, or dental, or medical procedures. We may disclose health information about you to dental specialists, physicians, or other healthcare professionals involved in your care.
- 2. Payment:** We may use and disclose your health information to obtain payment from health plans and insurers for the care that we provide to you.
- 3. Healthcare Operations:** We may use and disclose health information about you in connection with healthcare operations necessary to run or practice, including review of our treatment and services, training, evaluating the performance of our staff and healthcare professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.
- 4. Appointment Reminders:** We may use or disclose your health information when contacting you to remind you of an appointment. We may contact you by using a postcard, letter, phone call, voice message, text or e-mail.
- 5. Treatment Alternatives and Health-Related Benefits and Services:** We may use and disclose your health information to tell you about treatment options or alternatives, or health-related benefits and services that may be of interest to you.
- 6. Disclosure to Family Members and Friends:** We may disclose your health information to a family member or friend who is involved with your care or payment for your care with your permission.
- 7. Disclosure of Business Associates:** We may disclose your protected health information to our third-party service providers ("business associates") that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use a business associate to assist us in maintaining our practice management software. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

HIPAA Notice of Privacy Practice-081514