

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Throughout this Notice:

- **“We,” “us,” or “our”** refers to **Mini Molars Children’s Dentistry – Noguera Pediatric Dentistry PA.**
- **“You,” “your,” or “patient”** refers to the patient receiving dental services or the patient’s parent, legal guardian, or authorized representative.

This notice applies to all dental and health records created or maintained by our practice.

Our Legal Duties

We are required by law to:

- Maintain the **privacy and security of your Protected Health Information (PHI)**
- Provide you with this **Notice of Privacy Practices**
- Follow the privacy practices described in this notice
- Notify you if a **breach occurs that may compromise the privacy or security of your PHI**

We reserve the right to change the terms of this notice at any time. Any revised notice will apply to all information we maintain and will be available in our office and on our website.

I. How We May Use and Disclose Your Health Information

We may use and disclose your **Protected Health Information (PHI)** for the following purposes without written authorization.

Treatment

We may use or share your health information to provide, coordinate, or manage dental care.

Examples include:

- Discussing your treatment with another dentist or physician
 - Referring you to a dental specialist
 - Coordinating care with other healthcare providers
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Payment

We may use and disclose your information to obtain payment for dental services.

Examples include:

- Submitting claims to your dental insurance company

- Verifying insurance eligibility or coverage
 - Processing billing or payment collections
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Health Care Operations

We may use health information to support the daily operations of our dental practice.

Examples include:

- Quality improvement activities
 - Staff training and credentialing
 - Licensing and accreditation
 - Appointment scheduling and reminders
 - Administrative management
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II. Situations Where We May Disclose Information Without Authorization

Certain disclosures are allowed or required by law.

Abuse or Neglect Reporting

We may report suspected **child abuse, neglect, or domestic violence** to appropriate authorities as required by law.

Public Health Activities

We may disclose information for public health purposes such as:

- Preventing disease
 - Reporting adverse events
 - Reporting infections or safety concerns
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Health Oversight

Government agencies may require us to share health information during:

- Healthcare audits
- Investigations
- Inspections

- Licensing reviews
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Judicial or Legal Proceedings

We may disclose information if required by:

- A **court order**
 - A **subpoena**
 - Other lawful legal process
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Serious Threat to Health or Safety

We may disclose information if necessary to prevent a **serious and imminent threat** to a patient or another individual.

Workers' Compensation

If applicable, we may provide records for **workers' compensation claims**.

Business Associates

We may share your PHI with trusted third-party vendors who help operate our practice, such as:

- Billing companies
- Electronic health record providers
- IT and data storage services

These companies must follow **HIPAA privacy and security standards**.

III. Uses and Disclosures Requiring Your Authorization

We will obtain your written permission before:

- Using your information for **marketing purposes**
- Sharing information outside of treatment, payment, or operations
- Disclosing health information to individuals not involved in your care

You may **revoke your authorization in writing at any time**.

IV. Communication with Family or Caregivers

Unless you object, we may share relevant health information with:

- Parents or guardians
- Family members
- Caregivers involved in treatment or payment

In emergency situations, we may share information if it is in the **best interest of the patient**.

V. Digital Communication (Email, Phone, and SMS)

Our practice may communicate with you through:

- Phone calls
- Emails
- Text messages (SMS)

These communications may include:

- Appointment reminders
- Treatment follow-ups
- Billing notifications

Standard message and data rates may apply.

While we take reasonable precautions, **electronic communication may carry privacy risks**, and by providing your contact information you consent to these forms of communication.

VI. Photography and Dental Records

During treatment, we may take **photographs, digital scans, or radiographs (X-rays)** for purposes such as:

- Diagnosis and treatment planning
- Dental records
- Insurance documentation
- Clinical education within the practice

Images used for **educational or marketing purposes** will require **separate written consent**.

VII. Your Rights Regarding Your Health Information

You have the following rights under HIPAA.

Right to Access Your Records

You may inspect or request copies of your dental or billing records.

We typically respond within **30 days**.

A reasonable cost-based fee may apply.

Right to Request Corrections

You may request corrections to information in your health record if you believe it is inaccurate or incomplete.

Right to Request Restrictions

You may request limits on how we use or share your information. We are not required to agree to all requested restrictions.

Right to Confidential Communications

You may request that we contact you using specific methods or locations.

Example:

- Sending billing information to a different mailing address.
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Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made within the past **six years**.

Right to Restrict Disclosure to Health Plans

If you pay **out-of-pocket in full**, you may request that we **not disclose information about that service to your insurance provider**.

Right to Receive a Paper Copy

You may request a **paper copy of this Notice of Privacy Practices** at any time.

Right to Breach Notification

You have the right to be notified if there is a **breach of your unsecured PHI**.

Right to Choose a Personal Representative

You may designate someone with **legal authority (power of attorney or guardian)** to act on your behalf regarding your health information.

VIII. Filing a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our office.

Privacy Contact:

Mini Molars Children's Dentistry

Email: welcome@mini-molars.com

Phone: 689-689-1399

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, SW

Washington, DC 20201

Phone: 1-877-696-6775

<https://www.hhs.gov/hipaa>

You will **not be penalized or retaliated against** for filing a complaint.

IX. Record Retention

Dental records are maintained in accordance with **Florida state regulations** and professional standards for healthcare providers.

Records for minors may be retained for longer periods as required by law.

X. Changes to This Notice

We reserve the right to update this Notice of Privacy Practices. Updated versions will be posted in our office and on our website.

Effective Date: March 13, 2026