

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.

As a healthcare provider in the State of Florida, Sai Oral Surgery is committed to protecting your privacy in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable Florida state privacy laws (such as Florida Statutes Chapter 456). This Notice explains how we may use and disclose your protected health information (PHI), and your rights as a patient in our oral surgery practice.

YOUR RIGHTS

You have the right to:

- Access and request a copy of your oral health record
- Request corrections to your record if you believe it is incorrect or incomplete
- Request confidential communication (e.g., by phone, mail, or alternate address)
- Ask us to limit what we use or share (though we may not be able to comply in all cases)
- Request a list of disclosures we've made outside of treatment, payment, and healthcare operations
- Obtain a paper copy of this Notice at any time
- Appoint a personal representative to act on your behalf
- File a complaint if you feel your privacy rights have been violated

YOUR CHOICES

You have the right to decide how we share information in certain situations, such as:

- Sharing your information with family members or others involved in your care
- Using your information for marketing or fundraising (only with written consent)
- Releasing your information in public health emergencies or disaster relief situations

HOW WE MAY USE AND SHARE YOUR INFORMATION

We typically use or disclose your health information in the following ways:

For Treatment:

To provide, coordinate, or manage your oral surgery and related services, including communication with other healthcare professionals or referral specialists.

For Payment:

To bill and receive payment from your insurance company or other third-party payers.

For Healthcare Operations:

To improve quality of care, train staff, conduct audits, and manage our practice efficiently.

Additional Uses and Disclosures May Include:

- Public health reporting (e.g., infectious disease reporting, adverse events)
- Compliance with Florida state laws and court orders
- Workers' compensation claims
- Health oversight activities by agencies authorized by law
- Disclosures to coroners or medical examiners in the event of a death
- Law enforcement requests and national security situations
- Organ and tissue donation requests

OUR RESPONSIBILITIES

- We are required by both federal and Florida law to maintain the privacy and security of your protected health information.
- We must notify you in the event of a breach of unsecured PHI.
- We will not share your information without your written authorization, except as described in this Notice.
- We are required to follow the privacy practices described in this Notice

COMPLAINTS OR QUESTIONS

If you have questions or concerns about your privacy rights, or if you believe your privacy rights have been violated, you may contact:

Sai Oral Surgery

1728 Dunlawton Ave, STE #3

Port Orange, FL 32127

386-675-0088

You may also file a complaint with the **Florida Department of Health** or the **U.S. Department of Health and Human Services, Office for Civil Rights**. We will not retaliate against you for filing a complaint.

Acknowledgment of Receipt of Notice of Privacy Practices:

You will be asked to sign a separate form acknowledging that you have received a copy of this Notice.