

# **Bayshore Dental Center HIPAA NOTICE OF PRIVACY PRACTICES**

**Updated:** 2/6/26

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.

## **Purpose**

We respect your privacy. We are also legally required to maintain the privacy of your protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA).

As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices (Notice). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI.
- Our permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

## **PHI Defined**

Your PHI:

- Is health information about you:
  - which someone may use to identify you; and
  - which we keep or transmit in electronic, oral, or written form.
- Includes information such as your:
  - name;
  - contact information;
  - past, present, or future physical or mental health or medical conditions;
  - payment for health care products or services; or
  - prescriptions.

## **Scope**

We create a record of the care and health services you receive, to provide your care, and to comply with certain legal requirements. This Notice applies to all the PHI that we generate.

We and our employees and other workforce members follow the duties and privacy practices that this Notice describes and any changes once they take effect.

## **Changes to 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 on request, in our office, and on our website.

## Data Breach Notification

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI. We will notify you within the legally required time frame. Most of the time, we will notify you in writing, by first-class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive notices electronically.

## Your Rights

As a patient, you have the rights regarding medical information that we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your paper or electronic protected health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request in certain very limited circumstances.
- **Right to Amend Your Records:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You also must provide a reason that supports your request.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health-related matters in a certain way or at a certain location (e.g., work phone vs. home mail).
- **Right to Request Restrictions on Use or Disclosure:** You have the right to request a restriction on the health information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request unless it involves a service for which you paid out-of-pocket in full.
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we have made of your health information for purposes other than treatment, payment, or operations.
- **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 PHI.
- **Right to Receive a Copy of this Notice:** You have the right to request a copy of this notice in print or electronic form at any time.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference, please contact us at [office@bayshoredentalcenter.com](mailto:office@bayshoredentalcenter.com) and we will make reasonable efforts to follow your instructions regarding sharing with family, friends, or in disaster relief situations.

## How We Collect Information

At Bayshore Dental Center, we may collect:

- **Personal Information:** Name, contact details, and insurance information.
- **Health Information:** Medical and dental history, diagnoses, treatment plans, and billing details.
- **Technology-Based Information:** IP addresses, cookies, and online analytics when you interact with our website.

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

## How We May Use and Disclose Health Information About You

- **Treatment:** We may use or disclose health information to facilitate treatment or manage your dental care.
- **Payment:** We may use and disclose health information to determine eligibility, coordinate coverage, or facilitate payment for services.
- **Healthcare Operations:** We may use your PHI to support business activities such as quality assessment, employee reviews, and appointment scheduling.
- **Electronic Communications & Recording:** We may monitor or record electronic communications for quality assurance and training, in compliance with applicable state and federal laws.
- **Our Business Associates:** We may disclose PHI to outside entities that perform services on our behalf (e.g., legal or auditing), provided they contractually agree to safeguard your PHI.
- **Legal Requirements:** We may disclose PHI without your authorization as required by law (e.g., public health issues, abuse/neglect, or law enforcement).

**Substance Use Disorder Records:** Some health information, specifically alcohol and/or substance use disorder (SUD) treatment records protected by 42 CFR Part 2, is subject to heightened confidentiality protections. We will only use or disclose these records with your written consent or as permitted by law. If we receive your SUD records through your consent, we may use or disclose them for treatment, payment, and healthcare operations, unless you provide a specific restriction.

**Legal Proceedings:** > In no event will we use or disclose your Part 2 Program records (or testimony describing those records) in any civil, criminal, administrative, or legislative proceedings against you, unless authorized by your express consent or a specific court order issued after you have been given notice.

## Our Use of Artificial Intelligence (AI)

To enhance care, AI technologies may be incorporated into certain aspects of healthcare operations. We may use and disclose your health information in connection with AI solutions for predictions, recommendations, or decisions regarding treatment, payment, or operations.

- **Transparency:** We will strive to inform patients about the use of AI documentation tools.
- **Purpose:** AI may be used for summarizing encounters, aiding diagnostics, revenue cycle management, and predictive scheduling.
- **Patient Control:** You have the right to opt out of the use of AI in your care (e.g., choosing traditional documentation over AI transcription). A human professional retains ultimate decision-making authority.
- **Access:** You may request data relevant to the use of AI in your care by contacting [office@bayshoredentalcenter.com](mailto:office@bayshoredentalcenter.com)

## Our Commitment to Privacy

**Bayshore Dental Center** takes patient privacy seriously and implements the following safeguards:

- Use of secure, encrypted electronic health record (EHR) systems.
- Employee training on HIPAA compliance and patient confidentiality.

- Regular review of privacy practices and security protocols.

## **Messaging Terms & Conditions**

You agree to receive informational messages (appointment reminders, account notifications, etc.) from **Bayshore Dental Center**. Message frequency varies. Message and data rates may apply. For help, reply HELP or email us at **office@bayshoredentalcenter.com**. You can opt out at any time by replying STOP.

## **Consent & Opt-out Instructions**

Mobile information will not be shared or sold to third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

## **Cookies and Online Technology**

When you visit our website, we may use cookies to improve your experience. This information is used solely to enhance site functionality and is never sold to unauthorized parties.

## **Questions or Concerns? Contact Us**

If you have any questions, concerns, or complaints regarding your privacy or this Notice, you may contact us at:

**Bayshore Dental Center 810 W Dr Martin Luther King Jr Blvd Ste 2900, Seffner, FL 33583  
(813) 330-2006 | office@bayshoredentalcenter.com**

**Complaint:** You can file a complaint if you feel we have violated your rights by contacting the office above or the Department of Health and Human Services Office for Civil Rights at 200 Independence Ave, SW, Room 509F HHH Bldg., 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.