



## LAKE CITY FAMILY DENTAL CARE

1680 SW Newland Way, Lake City, FL 32025  
Phone: (386) 752-1342 • Fax: (386) 752-1343  
[lakecityfamilydental.com](http://lakecityfamilydental.com)

### NOTICE OF PRIVACY PRACTICES (HIPAA)

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**Effective Date: June 2026**

**Our Commitment to Your Privacy** Lake City Family Dental Care is committed to protecting the privacy and confidentiality of your protected health information (PHI). We are required by law to maintain the privacy of your PHI, to provide you with this Notice of Privacy Practices, and to follow the terms of this Notice currently in effect. This Notice explains how we may use and disclose your PHI, your rights regarding your PHI, our legal duties, and whom to contact for additional information or to file a complaint.

**What Is Protected Health Information (PHI)?** PHI is individually identifiable health information that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for that care. PHI may be created, received, maintained, or transmitted in any form, including electronic, paper, or oral. Examples include your name, address, dental/medical histories, X-rays, treatment plans, insurance/billing information, and appointment records.

**How We May Use and Disclose Your PHI Without Your Authorization** We may use and disclose your PHI without your written authorization for Treatment, Payment, and Health Care Operations (TPO):

- **Treatment:** To provide, coordinate, or manage your dental care (e.g., sharing with specialists, labs, or other providers).
- **Payment:** To bill insurance, process claims, or collect payment.
- **Health Care Operations:** For quality improvement, staff training, audits, compliance, and business planning.

**Other Permitted or Required Uses and Disclosures** (without authorization):

- To comply with laws, public health activities, health oversight, court orders, law enforcement, workers' compensation, or to avert serious threats to health/safety.
- **Special Protections:** Records related to substance use disorder (SUD) treatment under 42 CFR Part 2 have additional restrictions and generally require your written consent for most disclosures. We comply fully with these protections.

**Uses and Disclosures Requiring Your Written Authorization** We will obtain your written authorization for: marketing (not otherwise permitted), sale of PHI, or other non-TPO purposes. You may revoke an authorization in writing at any time (except to the extent action has already been taken).

**Your Rights Regarding Your PHI** You have the right to:

- Access and obtain a copy of your PHI (with limited exceptions).



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- Request an amendment to incorrect or incomplete PHI.
- Request restrictions on certain uses/disclosures (we are not required to agree to all, except where required by law).
- Request confidential communications (e.g., alternate phone or address).
- Receive an accounting of certain disclosures.
- Receive a paper copy of this Notice at any time.
- File a complaint if you believe your rights have been violated (with us or the U.S. Department of Health and Human Services, Office for Civil Rights). We will not retaliate against you.

**Our Legal Duties** We are required by law to maintain the privacy and security of your PHI, provide this Notice, and notify you of any breach of unsecured PHI. We reserve the right to change this Notice; changes will apply to all PHI we maintain. Updated Notices will be posted in our office and on our website.

**Questions or Complaints** Contact our Privacy Officer: Hairold Lopez at [madisondentist123@gmail.com](mailto:madisondentist123@gmail.com).

**Thank you,**

**Lake City Family Dental Care**

**Dr. Lizzett Mujica, DDS**