Richard J. Garcia, DMD

NOTICE OF PRIVACY PRACTICES

Effective Date: October 6, 2026

This Notice describes how Richard J. Garcia, DMD may use and disclose your protected health information (PHI), your privacy rights, and our legal responsibilities. Please review it carefully.

YOUR RIGHTS

You have the right to:

Get a copy of your paper or electronic dental/health record.

Ask us to correct information you believe is incorrect or incomplete.

Request confidential communications, such as asking us to contact you at a different phone number, address, or by another reasonable method.

Ask us to limit how we use or disclose your information. We are not required to agree to every request.

Request an accounting of certain disclosures of your PHI.

Get a copy of this Notice at any time.

Choose a person to act for you when legally authorized to do so.

File a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use or disclose your PHI without your written authorization when HIPAA permits or requires it. The following are the principal uses and disclosures relevant to our dental practice:

Treatment — We may use or share your information to provide, coordinate, or manage your dental care. For example, we may share relevant records or images with another dentist or specialist involved in your treatment.

Payment — We may use or share your information to bill and collect payment for services. For example, we may send necessary information to your dental insurance plan to obtain payment or determine coverage.

Health care operations — We may use or share your information for activities that support our practice, such as quality assessment, staff training, credentialing, auditing, compliance, and business management.

People involved in your care or payment — Unless you object, we may share relevant information with a family member, friend, or other person you identify as involved in your dental care or payment for that care.

Public health and safety — We may disclose information when permitted or required by law for public health activities, reporting certain conditions or injuries, preventing or controlling disease, or addressing serious threats to health or safety.

Required by law and legal proceedings — We may disclose information when required by federal, state, or local law, or when otherwise permitted by law, including in response to lawful court orders, subpoenas, or similar legal processes.

Health oversight and government functions — We may disclose information to authorized government agencies for activities permitted by law, including audits, investigations, inspections, licensing, and certain specialized government functions.

Workers' compensation and similar programs — We may disclose information as authorized by laws relating to workers' compensation or similar programs.

Law enforcement — We may disclose information for law-enforcement purposes when permitted by HIPAA and applicable law.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Most uses and disclosures for purposes other than those described in this Notice require your written authorization. In particular, we will obtain your authorization when required for marketing or for the sale of your PHI. We generally do not use or disclose psychotherapy notes, if any, without the authorization required by law. You may revoke an authorization in writing at any time, except to the extent we have already relied on it.

Marketing/Sale — We will obtain your written authorization when required by HIPAA before using or disclosing your PHI for marketing/Sale purposes.

YOUR RIGHT TO REQUEST RESTRICTIONS

You may ask us in writing to restrict how we use or disclose your PHI. We are not required to agree to a requested restriction, except that if you ask us not to disclose information to your health plan for payment or health care operations purposes, and the information relates solely to an item or service that you or someone other than the health plan has paid for in full, we will agree when required by HIPAA.

YOUR RIGHT TO CONFIDENTIAL COMMUNICATIONS

You may ask us to communicate with you about your health information by a specific means or at a specific location. We will accommodate reasonable requests.

YOUR RIGHT TO ACCESS AND AMEND YOUR RECORD

You generally have the right to inspect and obtain a copy of your PHI in our designated record set, subject to limited exceptions under law. You may also request that we amend information you believe is inaccurate or incomplete. We may deny an amendment request when permitted by law, but we will provide a written explanation of the decision and your available rights.

YOUR RIGHT TO AN ACCOUNTING OF DISCLOSURES

You may request an accounting of certain disclosures of your PHI made by us during the applicable period, subject to exceptions and limitations under HIPAA.

BREACH NOTIFICATION

We are required by law to notify you following a breach of your unsecured PHI when the law requires notification.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your PHI, provide you with this Notice describing our legal duties and privacy practices, and follow the terms of the Notice currently in effect. We may change our privacy practices and this Notice. If we make a material change, we will make the revised Notice available as required by law.

QUESTIONS AND COMPLAINTS

If you have questions, concerns, or complaints about our privacy practices, please contact our Privacy Official using the information below. You may also submit a complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

PRIVACY CONTACT

Privacy Official: Robin Garcia

Office Telephone: 239-455-0898

Address: 7385 Radio Road, Suite 103, Naples, FL 34104

Email: Frontdesk@SmilesofNaples.com

NOTICE AVAILABILITY

A copy of this Notice will be available at our office and will be provided to you upon request. If we maintain a website that provides information about our customer services or benefits, the Notice will also be posted there as required by HIPAA.

EFFECTIVE DATE

October 6, 2026