

**HARBORSIDE DENTAL ASSOCIATES  
NOTICE OF PRIVACY PRACTICES  
Effective Date: February 16, 2026**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

**OUR RESPONSIBILITIES**

Harborside Dental Associates is required by law to protect the privacy and security of your protected health information (PHI), provide you with this Notice of Privacy Practices, and follow the terms of this Notice.

**HOW WE USE AND SHARE YOUR INFORMATION**

**Treatment:** We may use and share your health information to provide and coordinate your dental care.

**Payment:** We may use and share your information to bill insurance plans or other responsible parties.

**Healthcare Operations:** We may use and share your information for office operations such as quality improvement, training, and administrative activities.

**SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS**

If we create or receive substance use disorder records protected under 42 CFR Part 2, those records receive additional legal protections. These records generally cannot be used or disclosed in legal proceedings against you without your written consent or a qualifying court order.

**OTHER PERMITTED DISCLOSURES**

We may disclose information as required by federal or Florida law, for public health and safety purposes, or for fundraising communications (you may opt out at any time). Substance use disorder information will not be used for fundraising without authorization.

**REDISCLASURE NOTICE**

Information disclosed under this Notice may be redisclosed by the recipient and may no longer be protected by HIPAA, unless prohibited by law.

**YOUR RIGHTS**

You have the right to access your records, request corrections, request confidential communications, request limits on certain disclosures, receive a list of certain disclosures, obtain a copy of this Notice at any time, and file a complaint without retaliation.

**QUESTIONS OR COMPLAINTS**

Privacy Officer  
Harborside Dental Associates  
522 E. Marion Ave  
Punta Gorda, FL 33950  
Phone: 941-575-9200

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

**ACKNOWLEDGMENT OF RECEIPT**

I acknowledge that I have received a copy of the Notice of Privacy Practices for Harborside Dental Associates.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_