Dental Academy
General & cosmetic dentistry

Notice of privacy practices

Our Notice of Privacy Practices explains how Dental Academy may use and share your health information, and the rights you have.
Effective November 4, 2026. Download the notice (PDF)

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.

Dental Academy, L.L.C. is the dental practice of Dr. James D. Minici at 7701 Little Rd, Ste 213, New Port Richey, FL 34654. In this notice, “we” means Dental Academy and the people who work here. “Health information” means information about you, your health, and your care that can identify you.

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your dental record

- You can ask to see or get a copy of your dental and billing records and other health information we have about you. Ask us how to do this.

- We'll provide a copy or a summary of your health information, usually within 30 days of your request. If you ask for an electronic copy and the records are kept electronically, we'll provide one in the form you ask for if we can. We may charge a reasonable, cost-based fee.

Ask us to correct your record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, a home or office phone) or to send mail to a different address.
- We'll say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We're not required to agree, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer for payment or our operations. We'll say "yes" unless a law requires us to share it.

Get a list of those we've shared information with

- You can ask for a list (an accounting) of the times we've shared your health information in the six years before the date you ask, who we shared it with, and why.
- We'll include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. We'll provide it promptly.

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 use your rights and make choices about your health information. We'll make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our privacy contact (details at the end of this notice).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting hhs.gov/ocr/privacy/hipaa/complaints .

- We will not retaliate against you for filing a complaint.

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we'll follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care or in paying for your care.
- Share information in a disaster relief situation.

If you aren't able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it's in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.

We don't raise funds, so we won't contact you for fundraising.

Our uses and disclosures

How we typically use or share your health information

- **To treat you.** We can use your health information and share it with other professionals who are treating you. *Example:* a specialist or dental lab we work with asks about your X-rays or your overall health to plan or make your treatment.
- **To run our practice.** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example:* we use your health information to manage your treatment and services, and to send appointment reminders.
- **To bill for your services.** We can use and share your health information to bill and get payment from health plans or other entities. *Example:* we give information about you to your dental insurance plan so it will pay for your services.

How else we can use or share your health information

We are allowed or required to share your information in other ways, usually ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- **Help with public health and safety issues,** such as preventing disease, reporting adverse reactions to medications or products, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- **Do research,** when the law allows it.

- **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests** and work with a medical examiner or funeral director.
- **Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions,** such as in response to a court or administrative order, or in response to a subpoena.
- **Work with our business associates.** Companies that help us run the practice (for example, a billing service or an email provider) may receive health information to do that work. They must sign an agreement to protect it.

If we ever receive records protected by the federal rules on substance use disorder treatment records (42 CFR Part 2), we will not use or share them in a civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order, as those rules require.

Florida law

Florida law also protects your dental records. Where Florida law gives you more protection than federal law (for example, by requiring your written authorization before we release your records

to someone, except in the situations the law allows), we follow Florida law.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see the U.S. Department of Health and Human Services page Notice of Privacy Practices for Protected Health Information .

Changes to the terms of 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.

Who to contact

For questions about this notice, to use any of your rights, or to file a complaint with us, contact our privacy contact:

Privacy contact, Dental Academy

7701 Little Rd, Ste 213, New Port Richey, FL 34654

Phone: (772) 301-9033
Email: support@dentist-academy.com

This notice takes effect November 4, 2026.

Ask for a paper copy

You can ask for a paper copy of our notice at any time, even if you've read it here. Ask at the front desk at your next visit, or call the office.

Phone	**(772) 301-9033**
Email	support@dentist-academy.com
Mail	**Dental Academy** 7701 Little Rd, Ste 213 New Port Richey, FL 34654

This notice is about your health information as a patient. To see how the website handles what you send through it, read our privacy policy.

Dental Academy is the practice of Dr. James D. Minici, Florida dental license DN8227. Dr. Minici is a general dentist.

Visit

Dental Academy

7701 Little Rd, Ste 213
New Port Richey, FL 34654

Get directions

Contact

Call (772) 301-9033

support@dentist-academy.com

Dental Academy

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