



1740 South St., Suite 302,
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www.centercityoms.com

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NOTICE OF PRIVACY PRACTICES

Center City Oral & Maxillofacial Surgery

Effective Date: February 12, 2026

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.

OUR LEGAL DUTY

Center City Oral & Maxillofacial Surgery is required by law to maintain the privacy and security of your protected health information (PHI); provide you with this Notice of our legal duties and privacy practices; follow the terms of this Notice; and notify you in the event of a breach of unsecured PHI.

We reserve the right to change this Notice at any time. Any revised Notice will apply to all PHI we maintain and will be posted in our office and on our website.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your oral and maxillofacial care, including communication with dentists, physicians, specialists, laboratories, pharmacies, and anesthesia providers.

Payment: We may use and disclose your PHI to obtain payment for services, including insurance billing, claims processing, and preauthorization requests.

Healthcare Operations: We may use PHI for quality improvement, risk management, staff training, compliance audits, credentialing, and business operations.

Appointment Reminders & Health-Related Communications: We may contact you regarding appointments, post-operative care, treatment alternatives, or health-related services.

As Required by Law: We may disclose PHI when required by federal, state, or local law.

SUBSTANCE USE DISORDER (SUD) RECORDS

Certain information related to Substance Use Disorder (SUD) diagnosis, treatment, or referral may be subject to additional federal protections under 42 CFR Part 2.

Where applicable, SUD-related records may be used or disclosed for treatment, payment, and healthcare operations as permitted under updated federal law. Redisclosure may be prohibited without patient consent except as allowed by law.



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We will not use or disclose SUD treatment information for civil, criminal, administrative, or legislative proceedings against you without specific authorization or as expressly permitted by law. We will not discriminate against you based on SUD treatment information.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

We will obtain your written authorization for marketing communications (when required), the sale of PHI, most uses or disclosures of psychotherapy notes, and any other use not described in this Notice. You may revoke your authorization at any time in writing.

YOUR RIGHTS

You have the right to inspect and obtain a copy of your medical record; request amendments; request restrictions on certain disclosures; request confidential communications; receive an accounting of certain disclosures; and obtain a paper copy of this Notice upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at Center City Oral & Maxillofacial Surgery or with the U.S. Department of Health & Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

CONTACT INFORMATION

Privacy Officer

Center City Oral & Maxillofacial Surgery

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