

Kevin J. Daily, DDS, INC.

Notice of Privacy Practices

This notice describes how your health information may be used and disclosed, and how you can access this information. Please review carefully. By law, the office of Kevin J. Daily, DDS is required to keep your health information secure and confidential. We are also bound by law to give you this notice, and follow the terms of said notice.

The law permits us to use or disclose your health information for:

- A specialist doctor whom may be involved in your care or continued treatment.
- Payment for services rendered when submitted to an insurance company, including supporting documents or necessary images.
- Normal healthcare operations, such as, inputting your information into our computer data base system.
- For contact with you through email, text, or phone call. We may leave a message on an answering machine, or a family member, when attempting to confirm appointments.
- In an emergency we may disclose health information to a family member or another person responsible for your care.
- When required by law we will release some or all of your health information.
- If this practice is sold, your information will become the property of the new owner.

Except, as described above, this practice will not use or disclose your information without written authorization. You may request in writing that we not use or disclose some or all of your health information. We will let you know if we can fulfill your request.

Patient Rights

- You have the right to know of any disclosures we make with your information, beyond the above noted uses.
- You have the right to receive communication about your health information in the manner that you prefer, and, we will use whatever communication method you choose (ex: email, text).
- You have the right to transfer a copy of your health information to another practice. Please notify us in writing as to where you would like your information forwarded to.
- You have the right to receive a report of who we disclose information to.
- You have a right to receive a copy of this notice.

If you would like a copy of your records, we may charge a reasonable fee for the copies. If you prefer a digital copy of your records, please let us know which type of file you would like, and we will try to meet your request. If you need to make an amendment to your information, please submit this in writing. We may or may not make the changes you request, but will keep it in your file.

If our privacy or security systems are breached, we will notify you. If we change any details of this notice we will notify you in writing.

Complaints can be filed at:

In writing: Department of Health and Human Services,
Independence AVE SW, Room #509F,
Washington DC 20201

Online: www.hhs.gov

Email: OCRCompliant@hhs.gov

I have received a copy of the Notice of Privacy Practices

Signature _____

Name (print) _____

Date _____