

Notice of Privacy Practices

HIPAA & 42 CFR Part 2 — Effective 2026

This Notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully. Protected health information (PHI) includes information that identifies you and relates to your past, present, or future physical or mental health, the healthcare services you receive, or payment for those services. Records related to Substance Use Disorder (SUD) receive additional protections under 42 CFR Part 2, explained later in this Notice.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that your health information is personal and confidential. We are committed to protecting the privacy and security of your PHI. We are required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice
- Notify you if a breach occurs that may have compromised the privacy or security of your information

HOW WE MAY USE AND DISCLOSE YOUR PHI

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your dental care and related services.

Healthcare Operations

We may use and disclose your PHI for practice operations, including quality assessment, staff training, legal compliance, auditing, and business planning.

Required by Law

We may use or disclose your PHI when required by federal, state, or local law.

Public Health

We may disclose PHI for public health purposes, including disease prevention and reporting.

Research

We may use or disclose your PHI for research purposes when approved by law and with appropriate safeguards.

Marketing

We will not use your PHI for marketing purposes without your written authorization.

Business Associates

We may share your PHI with business associates who perform services on our behalf; they are required by law to safeguard your information.

Payment

We may use and disclose your PHI to obtain payment for services provided to you.

Appointment Reminders

We may use or disclose your PHI to contact you about appointments, reminders, or treatment alternatives.

Emergencies

We may use or disclose your PHI in emergency situations as necessary to protect your health or safety.

Military & Security

We may disclose PHI as required for military activities, national security, and protective services.

Legal Proceedings

We may only disclose PHI in response to a valid court order or other lawful process, or by your written consent.

Personal Representatives

We may only disclose your PHI to a personal representative authorized by you in writing.

Workers' Compensation

We may disclose PHI for workers' compensation or similar programs for work-related injuries or illness.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

Some health information receives enhanced protection under federal law, including information related to Substance Use Disorder (SUD). Even if this practice is not a substance use treatment provider, these protections may apply if we receive, maintain, or transmit SUD-related information as part of your health record.

How SUD Information May Be Used	SUD-related records may be used and disclosed for treatment, payment, and healthcare operations, as permitted by law, unless you request additional restrictions.
Prohibition on Legal Use	SUD-related records may not be used against you in criminal, civil, or administrative proceedings without your written consent or a specific court order.
Redisclosure Limitations	SUD-related information may not be redisclosed unless permitted by law. Additional restrictions may apply beyond standard HIPAA rules.
Fundraising Restrictions	Your SUD-related information will not be used for fundraising purposes without your consent. You have the right to opt out of fundraising communications.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

Access: Obtain a copy of your PHI	Amendment: Request corrections to your PHI
Accounting of Disclosures: Receive a list of certain disclosures of your PHI	Restrictions: Request limitations on how we use or disclose your PHI
Confidential Communications: Request communications in a specific manner or location	Fundraising Opt-Out: Opt out of fundraising communications
Breach Notification: Be notified of breaches of unsecured PHI	Complaints: File a complaint with the Office for Civil Rights without retaliation

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Any changes will apply to all PHI we maintain. The updated Notice will be available upon request, in our office, and on our website.

Patient Acknowledgment

CONTACT INFORMATION

Practice Name: Daly Orthodontics

Address: 3814 Rural Retreat Rd, Suite 101, Burlington, NC 27215

Phone: (336) 265-7212

Email: smiles@dalyorthodontics.com

PATIENT ACKNOWLEDGMENT OF NOTICE

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices and understand your rights under HIPAA and applicable federal confidentiality laws, including special protections related to Substance Use Disorder (SUD) information.

- I acknowledge receipt of this Notice of Privacy Practices.
- I understand that SUD-related information may have additional protections.
- I understand my right to opt out of fundraising communications.
- I understand that certain disclosures may require my written authorization.
- I understand that SUD-related information cannot be used for fundraising without consent.

Patient Name (Print)

Signature

Date

If the patient is unable or unwilling to sign, staff should document the reason below:

Reason

Staff Initials

Date

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office for Civil Rights (OCR). You will not be penalized for filing a complaint.

Practice Privacy Officer:

Practice Address: 3814 Rural Retreat Rd, Suite 101, Burlington, NC 27215

Phone Number: (336) 265-7212

Email (Optional): smiles@dalyorthodontics.com