

## Office Policy Statement

**Welcome to our office**, it is a pleasure to serve your dental needs. Please note that your time is important to us. Procedures and appointments are scheduled in time blocks to fit your individual needs and we offer extended hours for unique situations.

- Please have your insurance information available for each visit, and inform us of any changes in your personal or medical data.
- Co-payments, deductables, and incurred expenses will be collected after each visit.
- Bridges, crowns, partials, implants must be paid in full upon insertion.
- Bleaching and other cosmetic services are usually not covered by insurance and must be paid in full at time of service.
- In order for you to receive the best care, it is mandatory that you meet hygiene standards of once every six months or two visits per calendar year. We will schedule your recall appointment before you leave the office.
- Allow us 24 hour notice of cancellation
- If you are late, you may be asked to reschedule your appointment
- Our appointment policy does not allow for any failed appointment. If 24 hour notice is not given, you will be subject to a \$25.00 fee.
- We offer an automated courtesy call three days prior to your appointment. You are responsible to remember your appointment it is not the office responsibility to remind you.

**PLEASE NOTE THE FOLLOWING AND READ CAREFULLY.**

- It is our policy to place composite (white) materials whenever possible, as they are the best solution in most cases. However, your insurance may only pay for amalgam (silver) filling on back teeth. If you desire a composite (white) filling, you will be responsible for any charge not covered by insurance. If you do not want composite placed, please inform dentist.

I understand and agree to the above policy,

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

*Please Complete Both Sides*

## Patient Consent Form

The department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient we want you to know that we respect the privacy of your personal dental records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal dental records. We may have indirect treatment relationships with you (such as laboratories that only interact with doctors and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all of part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with your HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Compliance Assurance Notification For Our Patients

To Our Valued Patients:

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability Act (HIPAA) with particular emphasis on the "Privacy Rule." We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We also know that we are not perfect! Because of this fact, our policy is to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

*Thank you for being one of our highly valued patients.*

*Please Complete Both Sides*