Our Commitment to You

We would like to take this opportunity to thank you for being an important member of our dental practice and to assure you of our continued to excellence in providing dental care for you and your family. We appreciate your understanding in our efforts to maintain respectful guidelines for our practice to keep the caliber of care and service extraordinary.

Appointments
We pre-plan and prepare for your visit and hope you have done the same. Your appointment time has been reserved especially for you and we strongly encourage all patients to keep their appointments.

- ***Should any scheduling changed be required, we request at least 24 hours advance notice to avoid a $75.00 cancellation fee.***

Courtesy Reminder Calls
As a courtesy, we make every effort to remind patients by telephone or email prior to their appointment, but please do not depend on this courtesy.

By initialing this section and signing below, you indicate that you understand and agree to these appointment guidelines.   Initial_____

Insurance
We are pleased that you have dental insurance to help you with partial assistance in your dental care. As a courtesy, we are happy to assist you in filing the necessary forms to help you receive the full benefits of your dental insurance coverage at no additional cost. Dental insurance is different than most medical insurance plans and it is important to be aware of the following:

- Insurance is an agreement between you and your insurance company. The insurance relation constitutes an agreement between the carrier, the employer, and the patient. Our dental office is not a party to that contract. As such, we can make no guarantee of estimated coverage or payment. Please know that we will do everything possible to see that you receive the full benefits of your policy.

By initialing this section and signing below, you indicate that you understand and agree to these insurance guidelines.   Initial_____

Financial Arrangement
Dental treatment is an excellent investment in an individual's medical and psychological well-being. We are available to answer your questions and assist you in any way we can. We happily accept cash, credit cards (VISA/Mastercard/American Express, and Discover). All financial arrangements must be made in advance with a member of our team. Please be prepared to pay any estimated patient portion copays at the time treatment is provided.

By initialing this section and signing below, you indicate that you understand and agree to these insurance guidelines.   Initial_____

HIPAA
The Health Insurance Portability and Accountability Act of 1996 requires that healthcare professionals give patients a copy of the office notice of privacy practice and make good faith effort to obtain and acknowledgement of the receipt of same.

By initialing this section and signing below, you indicate that you have received a copy of the office notice of privacy practice.   Initial_____

We appreciate your understanding in our efforts to provide you with a positive experience.

_____   _____

Patient/Guardian Signature   Date

Notice of Privacy Practice
HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides safeguards to protect your privacy. These safeguards include restrictions on who may see or be notified to your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you or your family with treatment. HIPAA provides certain rights and protections to you as the patient. We must balance these needs with our goal of providing you with quality service and care. Additional information is available by calling the U.S Department of Health and Human Services or online at: www.hhs.gov

For this reason, our practice has adopted the following policies:

I. Patient information will be kept confidential except as is necessary to provide treatment to ensure that all administrative matters related to your care are handled appropriately. This specifically included the sharing of information with other healthcare providers, laboratories, as is necessary and appropriate for your care. Patient files may be stored in open file racks but will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left in administrative areas such as the front office, Doctor's office, ect. The patient agrees to the normal procedures utilized within the facility for the handling of charts, patient records, PHI and other documents or information.

II. It is policy of the office to remind patients of their appointments. This may be done by telephoning patients or by any other means convenient for the practice.

III. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but agree to abide by the confidentially rules of HIPAA.

IV. The patient understands and agrees to inspections of the office and the review of documents which may include PHI by government agencies or insurance companies in the normal performance of their duties.

V. The patient agrees to bring any concerns or complaints regarding privacy to the attention of the Doctor or Office Manager.

VI. Your confidential information will not be used for purposed of advertising or marketing of products, goods, or services. Such prohibition does not include treatment/product samples or goods or nominal value.

VII. The practice agrees to provide the patient with access to their records in accordance with state law.

VIII. The practice may change, add, delete or modify any of these provisions to better service the needs of both the practice and the patient.

IX. You have the right to request restriction in the use of your protected health information and to request changes in certain policies used within the office concerning your PHI. However, the practice is under no obligation to alter internal policies to conform to your request.

X. There is no patient right to litigation under HIPAA

-Patient Copy-