Antelope Dental Associates Office Policies and Consent Agreement

General Information on Dental Treatment

BENEFITS: The benefits of dental treatment include, but are not limited to: restoration to proper form and function, improvement of chewing efficiency, replacement of missing teeth, elimination of odors, prevention of gum disease or decay, prevention of fractures, elimination or prevention of infection and pain, improvement of oral hygiene, diagnosis of oral pathology with appropriate treatment, and improved esthetics.

COMPLICATIONS: Any dental work may cause the following complications: pain, swelling, infection or abscessing, numbness of jaw or other areas, redness, discoloration of teeth or tissues, jaw fracture, nerve damage, nausea and vomiting, bruising, damage to nearby soft tissues, discomfort, temperature sensitivity, tooth loss, T.M.J. complications, occlusal discrepancies, damage to other teeth or restorations, inflammation, fainting, shock, hypersensitivity, bleeding or other consequences. Administration of drugs, anesthetics, prescription medications, nitrous oxide or dental materials may also cause these same complications as well as anaphylactic shock, cross reactions with other medications or allergic reactions. Changes to treatment may also be indicated based on findings during the procedure.

CONSEQUENCES: Consequences of not performing dental treatment include, but are not limited to: loss of teeth, infection, pain, discomfort, tooth fracture, drifting, gum disease, halitosis, swelling, inability to properly diagnose oral pathology or other unforeseeable problems.

ALTERNATIVES: Alternatives to dental treatment include extractions, root canal treatment, partial dentures, full dentures, crowns or bridges, different filling materials, referral to specialists, implants or no treatment.

Office Policies

PROVIDERS: Dental diagnosis and treatment is provided by licensed professionals. Dr. William J. Black, DDS may at his discretion assign other dentists or dental professionals to provide dental diagnosis and treatment for patients. Due to the varied abilities of each provider, similar procedures are performed at different speeds and may be completed using different methods. Despite the differences in treatment style, all treatment is performed to the standard of care in the community.

MISSED APPOINTMENTS: We request 24 hours notice to change appointments. *A pattern of canceled appointments or failure to keep appointments may result in a $50 missed appointment charge or dismissal from the office*. This applies to patients who are frequently late also.

CHILDREN: We will attempt to treat children 3 years old and older. If the child does not cooperate, we will refer the child to a pediatric dentist. Parents are welcome to sit in the treatment room during treatment as long as it does not interfere with treatment. Young children should not be left unattended in the office.

DENTAL AMALGAM: Silver amalgam is an alloy that contains silver, copper, tin or other metals and mercury. Our office does not place silver amalgam and we generally use composite instead, which is a tooth colored restorative material.

PHOTOGRAPHY: Intraoral and extraoral photography are used to educate, document and diagnose. All photos remain property of William J. Black, DDS, Inc. and may be used for educational, collaborative, and marketing purposes without remuneration to the patient.

SEDATION: Oral conscious sedation involves the patient taking medication orally to reduce dental anxiety. Any patient who opts to be sedated is required to have a licensed driver bring them to the office and take them home following the appointment. Failure to have a driver will force cancelation of the appointment and forfeiture of any deposit made. The dental office is not liable for any damages prior to or following the appointment resulting from being sedated.

Financial Agreement

PAYMENT DUE AT TIME OF SERVICE: *Payment of fees is due at the time of service. Failure to pay fees may result in late charges, accounts being sent to collections and/or dismissal from the office*. Patients with insurance are expected to pay their co-payments before leaving the office. We have financing available through third parties. Ask the receptionist for more details.

INSURANCE: Insurance coverage is variable based on the company and the plan. *It is the **patient's responsibility** to know their coverage.* We will try to contact your insurance carrier to verify coverage and obtain an explanation of benefits; however, *these are only **estimates***. We will bill the insurance company for the fees as a courtesy and collect your portion at the time of service. If your insurance company fails to pay their estimated portion, the patient will be billed for the difference. *It is the **patient's responsibility** to know about limitations such as waiting periods or pre-authorization requirements.* Please inform us if you have already used dental benefits in another dental office this benefit year.

PROSTHODONTICS: Crowns, bridges, and dentures require multiple visits to complete. For these procedures, 50% of the patient portion is due on the first visit with the balance due upon delivery of the prosthesis. This initial fee is non-refundable if the patient does not return for final delivery.

RETURNED CHECKS: Returned checks will cause a $40 charge to be added to the patient's account.

Consent to Receive Treatment

I hereby consent to having an examination, appropriate diagnostic X-rays and a simple cleaning on this and/or subsequent visits unless deemed inadvisable by the dentist. Possible complications from this treatment include radiation exposure, sensitivity, bleeding or loosening of fillings/crowns. Following the examination, a treatment plan will be presented to restore defects, deficiencies or other problems associated with my mouth, teeth and other oral conditions. If I am here for an emergency visit or consultation, I also consent to evaluation and appropriate treatment of the problem as will be discussed with the dentist.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND OFFICE POLICIES AND AGREE TO ABIDE BY THEM. ANYTHING I DID NOT UNDERSTAND HAS BEEN EXPLAINED TO ME.

Patient/Guardian Signature: X_____ Date: _____

Receipt of Dental Materials Fact Sheet and Notice of Privacy Practices Sheet

Initial	• My dentist has provided a copy of The Dental Board of California's Dental Materials Fact Sheet.
Initial	• My dentist has provided a copy of the Notice of Privacy Practices.

PATIENT PRIVACY POLICY

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THESE ARE FEDERAL REGULATIONS. PLEASE REVIEW THEM CAREFULLY. PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice takes effect 1/1/2011, and will remain in effect until we replace it.
We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change the Notice and make the new Notice available upon request. You may request a copy of our Notice at anytime. For more information about our privacy practices, or for additional copies of the Notice, please contact us by using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and health care operations. For example:
Treatment: We may use or disclose your health information to a dentist, physician, or other health care provider providing treatment for you.
Payment: We may use and disclose your health information to obtain payment for services we provide for you.
Health care Operations: We may use and disclose your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.
Business Associates: Our office may disclose your health information to a business associate or specialist or allow the business associate or specialist to create or receive your health information if the business associate or specialist has agreed in writing to appropriately safeguard your information.
Your Authorization: In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorizations to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at anytime. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.
To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of the Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.
Persons Involved In Care: We may disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up fill prescriptions, medical supplies, x-rays, other similar forms of health information.
Marketing Health-Related Services: We will not use your health information for marketing communications without your consent.
Required by Law: We may use or disclose your health information when we are required to do so by law. This may include reporting to:

- public agencies for child or adult abuse, injury, neglect, or domestic violence,
- health oversight agencies
- military and federal officials for lawful intelligence, national security, or veteran's activities
- correctional institutions regarding inmates
- other organizations for legitimate, legal purposes as permitted or required by law

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, postcards, or letters).
Patient Schedule/Directory: Our office may use or disclose your health information to maintain a directory of patients in the office.

PATIENT RIGHTS

Access: Your have the right to look at or get copies of your health information, with limited exceptions. (You must make a request in writing to obtain access to your health information. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you for the most recent and pertinent radiographs or for a copy of the complete chart for staff time to locate and copy your health information, and postage if you want the copies mailed to you).
Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.
If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to the U.S. Department of Health and Human Services.
Contact Officer: William J. Black, DDS, 2925 Elverta Rd., Antelope, CA 95843. (916) 331-6288