CANCELATION POLICY

We appreciate the trust you have placed in us by choosing to receive your oral care.

As we strive to provide comprehensive dental treatment using current technology and protocols, our practice is growing. With this growth, it is our desire to continue providing high quality treatment without having to wait weeks on end for an available appointment.

A fee of $75 will be charged for any cancellation, broken appointment or reappointment UNLESS at least 24 hours of notice has been given. $75 will also be charged if a patient is more than 15 minutes late for his/her appointment and must be rescheduled.

Every patient is given priority while being treated. If WE are running more than 15 minutes late, you will be given the opportunity to reschedule with no penalty. It is difficult to predict what may happen during a procedure, and sometimes things happen that are beyond our control.

We appreciate your understanding as we strive to improve access to comprehensive care and prompt treatment. By signing below, I agree to the above appointment cancellation and late arrival policy.

Patient signature: _____ Date: _____

HIPPA
Notice of Privacy Practice

This notice describes how medical / dental information about you may be used/disclosed and how you can get access to this information. Please review it carefully. Our commitment is to serve our clients with professionalism, assuring at all times the protection of privacy and security of all Protected Health Information. When you receive care at our office we may use your health information for treating you, billing for services, and conducting our normal business known as dental care operations. Examples of how we use your information include:

Treatment: We may use and disclose your information to plan, provide and coordinate your care services. For example, we may make your information available to other providers for review of treatment options or to enable them to schedule visits appropriate for review of treatment options or to enable them to schedule visits appropriate for your treatment.

Payment: We may use and disclose your information and records to obtain payment for services we have provided for you. For example, we may provide copies of notes and x-rays made during your visit to the appropriate insurance company to enable them to make payment for services you received.

Health Care Operation: We may use or disclose your protected health information for our health care operations. For example, we may use or disclose your personal health information to perform risk assessments and other administrative tasks to monitor the quality of care we provide. For uses and

disclosures of your personal dental information not involving treatment, payment of health care operations, we will receive your written authorization prior to using or disclosing any personal health information (unless required or permitted by law). You have the right to revoke any authorization previously granted.

We may use and disclose your personal health information without obtaining your consent or authorization in the following situations:

- To recommend treatment alternatives
- To tell you dental services and products that may benefit you.
- To remind you of an appointment
- Share information with third parties who help us with treatment, payment, and other health operations.
- Share information with family or friends involved in your care or payment for your care provided. You have the opportunity to agree or object to this disclosure. If you are unable to agree or object, we may disclose information as necessary based on our professional judgment.
- For health oversights activities such as investigations, audits, and inspections as authorized by law.
- For lawsuits and similar proceedings when we receive satisfactory assurance that appropriate precautions have been taken.
- When requested by law enforcement as required by law or court order.
- When otherwise required by law.

We are required By Law To:

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use and share your information.
- Follow the terms of the notice currently in effect.

You Have The Right To:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restrictions.
- Inspect and copy your health information, including dental and billing records. Fees may apply. Under limited circumstances, we may deny your access to a portion of your health information and you may request a review of the denial. *

Requests marked with a star (*) must be in writing.
We reserve the right to change or privacy practices and to alter this Notice according to those changes; we will provide a copy of the changes to you at your next schedule appointment.

I understand and agree to the above-described privacy policy.

Patient Signature: _____ Date: _____