

## OFFICE PRIVACY POLICIES

**INTRODUCTON:** This Notice describes the privacy policies of this dental office. First and foremost, we strive to maintain confidentiality as far as your dental treatment information. There are times, however, where identifiable health information must be disclosed to specific entities such as your insurance carrier. Herein we describe how this confidential dental and health information is used and disclosed and how you can gain access to this confidential information.

### **BACKGROUND INFORMATION:**

Dental offices are required by applicable federal and state laws to maintain confidentiality of dental health information generated for patients during the course of treatment. Through recent legislation dental offices are now required to notify all patients about privacy practices, our legal duties concerning these practices, and your rights concerning your health information. These office privacy policies take effect as of April 14, 2003 and will remain in effect until amended by this office.

We reserve the right to change the privacy practices of this office and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices effective for all health information that we collect and maintain, including prior dental information as well as information gathered before policy changes are determined to be necessary. As changes in our privacy practices are made, we will notify our patients of these changes and make amended Office Privacy Policy statements available upon request.

Our patients are welcome to request copies of our privacy policies at any time. Please keep this information on file with other documents from this office and check with our receptionist or office manager for any amended versions or changes.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

This office uses and discloses health information about you and/or family members for purposes of treatment, payment, and dental practice operations. For example:

**Treatment:** We may use or disclose your dental health information to dental colleagues, your physician or other health care providers rendering treatment;

**Payment:** We may use and disclose your dental health information through regular mail, fax or electronic transmission to your dental insurance carrier to obtain payment for services rendered. Limited treatment information may also be disclosed to billing services which assist the office in preparing monthly billing statements.

**Dental Practice Operations:** We may use and disclose your health information in conjunction with our health care operations, which include quality assessment and improvement activities, reviewing the competence or qualifications of personnel who work in this office, evaluating performance, conducting training programs within the office, accreditation, certification, licensing or credentialing activities. Your health information may also be disclosed to our attorneys and consultants as necessary to respond to any type of investigation or legal action pertaining to the quality of treatment provided to you.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or dental practice operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us such an authorization, you have the right to revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect.

**Disclosure To Family And Friends:** You have the right for us to disclose your own personal dental health information to you as described in the Patient Rights section of our Privacy Policies. We may also disclose your dental health to a family member, friend or other person to the extent necessary to help with your dental care or with payment for your dental care, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose dental health information to identify or assist in the identification of you or a family member in conjunction with a forensic investigation. In the event of your incapacity or in emergency circumstances, we will disclose only that information that is directly relevant to the treating entity's involvement in your health care. We will also use our professional judgment and experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, dental supplies, x-rays or other similar forms of health information.

**Marketing:** We will not use your dental health information or images of your face and/or teeth for marketing communications without your specific written authorization to do so.

**Subpoena:** We may use or disclose your health information when we are required to do so by law through subpoena.

**Abuse or Neglect:** We may disclose dental information of minor patients to appropriate authorities if we have reason to believe that they are possible victims of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

PATIENT COPY. PLEASE KEEP FOR YOUR RECORDS

**National Security:** We may disclose to military authorities the dental health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials dental information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose dental information to correctional institution or law enforcement officials having lawful custody of protected dental information of inmates or patients under certain circumstances.

**Appointment Reminders:** We may use or disclose basic dental information insofar as the fact that you have a dental appointment scheduled in the form of appointment reminders such as voicemail messages, postcards, letters or e-mail messages.

**Minimal Necessary Disclosures:** We will not make disclosures of your health information to a greater degree than we consider minimally necessary for the purpose of each disclosure.

## PATIENT RIGHTS

**Access:** You have the right to read over or obtain copies of your dental health information, with limited exceptions. Utah law (-156-69-502(7)) specifies that original records must remain in possession of the treating dentist for seven years, but you may request copies. You may request in person or in writing to obtain access to your dental information. You will be charged a reasonable cost-based fee for expenses such as copies and staff time. You will be asked to sign a brief authorization to obtain copies of your records. For written copies, you may be charged up to \$0.75 for each page up to thirty (30) and \$0.50 for each page after thirty, a \$15.00 administrative fee to locate and copy your health information and postage if you want the copies mailed to you. Radiographs (x-rays) will be duplicated at a reasonable fee related to costs generated by this office to produce copies. Study models (dental casts) will also be duplicated for a reasonable fee related to costs of materials and time spent in duplicating the originals. Photographs and slides can also be duplicated at cost. If you prefer, we will prepare a summary or a written explanation of your health information for a fee related to the complexity of the summary. You may contact the privacy officer listed at the end of this Notice for a full explanation of our duplication fee structure.

**Disclosure Frequency:** You have the right to receive a list of instances in which this practice disclosed your dental information for purposes other than treatment, payment, dental practice operations and certain activities for the six month period starting April 15, 2003 and at any six month interval thereafter. If you request this accounting more than once in a twelve month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use of disclosure of your dental health information. We reserve the right to discuss your request and we are not required to agree to your additional restrictions. If we agree to abide by your request, however, we may be exempted from this agreement in the event of an emergency.

**Alternative Communication:** You have the right to request that we communicate with you about your dental health information by alternate means to alternative locations (fax or e-mail, for example). You must make your request in writing. Your request must specify the alternative means or location.

**Amendment:** You have the right to request that we amend your dental health information that has been provided to you. Your request must be in writing and it must explain why the information should be amended. We reserve the right to deny your request under certain circumstances.

## QUESTIONS AND COMPLAINTS

If you want additional information about our privacy policies or have questions or concerns, you should contact our privacy officer below.

If you believe or are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your dental health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You may also correspond with the U.S. Department of Health and Human Services. We will provide you with the address of the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your dental health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Office Privacy Officer:	Lisa Hebert, Manager
Office Telephone:	(801) 288-1888
Office Fax:	(801) 288-1333
Address:	2200 East 4500 South Suite 100 Salt Lake City, Utah 84117

## General Informational Informed Consent

*Welcome to our office, we are grateful for the opportunity to serve you. We sincerely desire to provide you with the highest quality dental care available. We want you to understand that, though rare, there are certain inherent risks in the practice of dentistry that must be accepted by the patient in order to receive treatment. We do everything in our power to minimize these risks. Not having dental treatment also carries risks including, but not limited to, non-restorable tooth decay, premature loss of teeth, pain, infection, swelling, periodontal (gum) disease, malocclusion (improper bite), and bone loss. The following is a list of some of the possible risks associated with dental treatment in general, but is not all-inclusive. We will also ask for your consent for individual procedures before treatment is started, during which time the specifics concerning particular procedures will be explained. We are always happy to answer any questions you may have at any time.*

- 1. Longevity of dental treatment:** Though dental restorations (i.e. fillings and crowns) may last for several years or longer, nothing will last forever. Longevity depends upon many factors, including, but not limited to, home care, hygiene, diet, habits, materials used, genetics, and medical health.
- 2. Medical health:** Your medical health and/or treatment may affect your dental health and/or treatment, and, likewise, your dental health and/or treatment may affect your medical health and/or treatment. It is very important that you always notify the dentist of any new information or changes concerning your medical health or treatment as quickly as possible.
- 3. Reactions to drugs, medications or dental materials:** We only use products of the highest quality, but untoward reactions to drugs, medications or dental materials sometimes occur, and are generally unforeseeable.
- 4. Injury to adjacent teeth or oral tissues:** In the process of treating dental or periodontal disease in one area of the mouth, the potential to injure adjacent teeth or other tissues exists.
- 5. Teeth sensitivity or pain:** After the placement of any restoration (i.e. filling or crown), teeth involved may occasionally become sensitive, especially to temperature change or biting pressure. This usually resolves over a period of weeks to months, but in rare cases may take longer. Sensitivity or pain may also be a sign of other problems that may require different or additional treatments. Please call us immediately with any concerns or questions; it is your responsibility to inform us of any problems if they occur so we may help you.
- 6. Post-operative pain or discomfort:** Occasionally following dental treatment, generalized pain, soreness, and/or discomfort in the jaw, mouth, lips, gums or teeth may occur. This is usually only temporary and resolves quickly with normal healing processes, but may be a sign of other problems requiring additional treatment. Also, post-operative recovery may necessitate home recuperation and time away from work, school, or play. Please call us immediately with any concerns or questions; it is your responsibility to inform us of any problems if they occur so we may help you.
- 7. Additional treatment:** Every effort will be made to restore teeth and treat periodontal (gum) disease definitively according to an initial treatment plan. However, due to unforeseen circumstances, additional treatments are sometimes necessary to properly and definitively treat dental problems. Also, during procedures it is sometimes necessary to modify the planned treatment as new information or problems are discovered. You will always be informed of such changes. These changes may lengthen the time required to properly treat you, may increase the number of visits required, and may increase the originally planned cost of treatment.
- 8. Cracks and/or fractures:** Tooth decay and subsequent tooth restorations (i.e. fillings and crowns) weaken tooth structure. Following dental treatment, restored teeth may occasionally break, crack, or fracture requiring additional treatments or sometimes rendering teeth non-restorable.
- 9. Injury of nerves:** There is a possibility of injury to the nerves of the face, lips, jaws, tongue, teeth, gums, or other oral or facial tissues in the normal processes of dental treatment, particularly those involving the administration of local anesthetics. The resulting anesthesia or paresthesia (numbness) which may occur is usually temporary (i.e. several weeks to several months), but in rare instances may be permanent.
- 10. Aesthetics or appearance:** Every effort will be made to closely approximate the natural or desired tooth color and appearance. However, it is not always possible to achieve the results desired by all patients, and there are no guarantees made in this regard. Also, due to hygiene, diet, smoking, etc., restorations (i.e. fillings and crowns) may discolor or wear over time requiring replacement and/or other additional treatments.
- 11. Referral to other dentists or specialists:** We strive for excellence in all of our work, and always place your best interests first. We only perform services in our office that we can accomplish with the highest degree of quality. Occasionally it is necessary to refer you to a specialist to perform or complete a procedure. This may sometimes increase the cost of treatment and/or the length of time required for treatment. Also, it is sometimes necessary for various reasons to refer you to another general dentist for all or a portion of your treatment.
- 12. Financial arrangements:** We want to make financial arrangements that are comfortable for you. Please make sure you read and understand our office's financial policies. We would be happy to answer any questions you might have, and help you make any necessary arrangements before beginning treatment. Thank you.