

Pediatric Dental Specialists, P.C.

Appointment Policy

Pediatric Dental Specialists reserves appointments for your child according to their needs and cooperation. Patients may not be seen in the order they arrive due to their treatment needs and the doctor providing their treatment.

As a courtesy, our office will attempt to contact you 1-2 days before your appointment for confirmation. However, we do ask that patients assume responsibility for their appt. time.

We hope to be able to serve you better by establishing the following guidelines:

- ❖ Broken appointments or short term cancellations (within 24 hours) without proper notification can be costly and unfair to patients who need appointments. Please note: ***Repeated broken appointments and short term cancellations may be subject to dismissal from the practice.***
- ❖ Late arrivals cause schedule delays for those patients who arrive promptly at their appointment time. Late arrivals will be worked into the schedule if time allows or re-appointed to another day.
- ❖ During the school months, late afternoon appointments are in high demand. We try to honor after school requests and ask that you help us by understanding when we need to appoint during school hours. We will gladly provide you with a school excuse for your child.

Signature

Date

Privacy Notice To Patients

This notice describes how medical/dental information about you may be used and disclosed by Pediatric Dental Specialists, P.C. and how you can get access to this information. Please read it carefully. *For all purposes, the term "you" or "your" in our Privacy Notice refers to you and any minor under your care/guardianship.*

Effective Date: April 14, 2003

Under the HIPAA Privacy regulations, Pediatric Dental Specialists and all similar health care providers are required by federal law to maintain the privacy of your protected health information (PHI) and will abide by the terms in this Privacy Notice.

Please be advised that Pediatric Dental Specialists may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing you with care/treatment when you visit our office or when we treat you in a hospital facility. Under federal law, we may disclose our PHI to you or we can disclose your PHI to third parties for treatment. For example, if we refer you to a specialist we will forward your medical information to such specialist. We can disclose your PHI for payment purposes. For example, we will disclose your PHI to your insurance provider, employer, Medicaid or other party responsible for providing you with health/dental insurance coverage. We will also use or disclose your PHI for health care operations. For example, we may use your PHI when we engage in quality assurance and medical chart reviews, which are part of our health care operations. We may also disclose your PHI, when required by the Secretary of The US Department of Health & Human Services.

Unless disclosure is required under federal, state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI without your authorization. Our practice may use or disclose your PHI in accordance with the specific requirement of the HIPAA rules without Pediatric Dental Specialists needing to obtain your authorization if the information is:

1. Required by law
2. Required for public health purposes
3. Required disclosures about victims of abuse, neglect or domestic violence
4. Required by a health oversight agency for oversight activities authorized by law
5. Required in the course of any judicial or administrative proceeding
6. Required for a law enforcement purpose to a law enforcement official
7. Required by a coroner or medical examiner
8. Required by an organ procurement organization for research
9. If disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

Additionally, if you are a member of the armed forces, we are permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate mission.

We may also contact you via mail or phone to remind you of appointments with our office or to discuss treatment alternatives. In the event our practice wishes to disclose your PHI to another entity for reasons other than treatment, payment, practice operations, or those referenced above, we are required to obtain your authorization. For example, if we desired to participate in an outside research study, we would need your written authorization prior to releasing your PHI. If you provide us with an authorization, you have the ability to revoke such authorization at any time by sending Pediatric Dental Specialists a written revocation. However, if we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures.

Please be further advised that you have the ability to access, copy, inspect, and amend your medical information that we maintain. You may be subjected to a fee for copy costs for staff involvement. Additionally, if you desire, we can provide you with an accounting of all disclosures for treatment, payment, or healthcare operations and pursuant to authorization. If you have a dispute regarding our use of your PHI or a disclosure by Pediatric Dental Specialists and believe that your primary rights have been violated, please contact our office to file a dispute. You may alternatively contact the Secretary of Health and Human Services.

Lastly, please be advised that you have the right to request restrictions on certain use and disclosures of your PHI to carry out treatment, payment or healthcare operations or disclosures by Pediatric Dental Specialists of your PHI to a family member, relative, or a close personal friend. However, we are not required by federal law to agree to your requested restriction. If you request a copy of your PHI, you also have the ability to request that we send it to an alternative location (different address). Pediatric Dental Specialists reserves the right to amend this notice as revised. Notices will be posted and be provided to you upon your visit. If you have any questions, please call our office at (706) 863-7351.

Please sign below acknowledging receipt of Pediatric Dental Specialists Privacy Notice.

Thank You.

Signature

Child's name

Names of other children in family:

Date