

OFFICE PRIVACY POLICIES UTAH VALLEY ENDODONTICS

This Notice describes the privacy policies for 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. Please review it carefully.

BACKGROUND

Dental offices are required by applicable federal and state laws to maintain confidentiality of dental health information generated for patients during course of treatment. Through recent legislation, dental offices are now required to notify all patients about privacy practices, or legal duties concerning these practices, and your rights concerning your health information. These office privacy policies take effect as of January 1, 2006 and will remain in effect until amended by this office.

Please keep this information on file and check with our Privacy Officer for any amended versions or changes.

YOUR RIGHTS AND 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 in 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 was in effect.

- You have the right to request that we place additional restrictions on our use or 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.
- You have the right to read over or obtain copies of your dental health information, with limited exceptions. Utah law (R-156-69-802(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. You may contact the privacy officer listed at the end of this Notice for a full explanation of our duplication fee structure.
- You have the right to receive a list of insurances 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.
- You have the right to request that we communicate with you about your dental health information by alternative 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.
- 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.

USES AND DISCLOSURES OF HEALTH INFORMATION

This office uses and discloses health information about you and/or your family members for the purposes of treatment, payment and dental practice operations. Examples are provided, but not all possible uses or disclosures are listed.

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

For Payment: We may use and disclose your dental treatment 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.

For Health Care Operations: We may use and disclose your health information in conjunction with our health care operations to assure that you receive quality care. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

Other Uses or Disclosures That Can Be Made Without Your Consent or Authorization:

- As required during an investigation by law enforcement agencies.
- In the event of your incapacity or emergency circumstances.

- 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.
- 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.
- To authorized federal officials dental information required for lawful intelligence, counterintelligence, and other national security activities.
- As required by the US Food and Drug Administration (FDA).
- To provide appointment reminders such as voicemail messages, postcards, letters, or e-mail messages.

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

UNDERSTANDING ROOT CANALS

Root Canal Therapy includes possible inherent risks such as, but not limited to, the following:

- The tooth may remain tender or even quite painful for a period of time both during and after completed treatment. If pain is severe or swelling occurs, please call our office immediately.
- In some teeth, regular root canal therapy alone may not be sufficient. If the canals are blocked, excessively curved, inaccessible, inadvertent pulp chamber or root perforation, or if there is substantial infection in the bone around the tooth, additional surgery, including apicoectomy(s) or possible extraction may become necessary.
- Root canal treated teeth must be protected. During and after treatment, your tooth will have only a temporary filling. (Should this come out, please call us for a replacement.) It is advisable to crown the tooth as soon as possible.
- Root canal treated teeth may become somewhat brittle and subject to cracking/fracturing. Crowning (capping) the tooth is the best prevention to avoid this problem.
- Root canal therapy is not always successful. Many factors influence success; adequate gum tissue attachment and bone support, oral hygiene, previous and present dental care, general health, absence of trauma, pre-existing undetectable root fractures. No matter how successfully a tooth may appear to be treated, there is a possibility of failure and consequent extraction.
- Root fracture is one of the main reasons why root canals fail. Unfortunately, "hairline" cracks are almost always invisible and undetectable. Causes of root fracture are trauma, inadequately protected teeth, cracking of the tooth, large fillings, improper bite, excessive wear, habitual grinding of teeth, etc. Root fracture after or prior to treatment usually necessitates extraction.
- There are alternatives to root canal treatment. These alternatives (though not of choice) include: no treatment, extraction, extraction followed by bridge placement or partial denture placement, and/or extraction followed by implant and individual crown placement.
- Because of the fragility and small diameter of root canal instruments used in root canal treatment, there is the possibility of instrument separation. This may in some instances necessitate either root surgery or extraction.
- Medications. Analgesics or antibiotics may be prescribed depending on symptoms and/or treatment findings. It is important to take all prescription drugs according to instructions. Women on oral contraceptives must be aware that antibiotics cause these contraceptives to be ineffective.
- Once treatment is begun, it is absolutely necessary that the root canal treatment be completed. One or more appointment may be required to complete treatment. The patient must diligently follow any and all preoperative and/or postoperative instructions given to them.

NOTICE OF OFFICE FINANCIAL POLICIES

We are committed to providing you the best possible care. In order to achieve this goal, we need your assistance and your understanding of our payment and insurance submittal policy.

IF YOU HAVE DENTAL INSURANCE

As a service to you and for your convenience, we will file your insurance claim forms with the information you provide us at the time of your initial appointment. What we tell you over the phone is an estimate only, not a guarantee of coverage. We have no way to know the exact amount your insurance will pay unless the treatment is preauthorized with your insurance company in writing.

Your insurance coverage is a contract between you, your employer, and the insurance company. We are not a party to this contract. Our relationship is with YOU, not your insurance company. All charges are your responsibility.

We cannot control what your insurance company will or will not pay. We have found that some insurance companies do not cover all dental services. Upon receipt of payment from your insurance company, we will bill you for the outstanding balance or refund any overpayment directly to you. Co-payments are due at the time of service.

IF YOU DO NOT HAVE DENTAL INSURANCE

Prior to treatment please make payment arrangements with the front desk. A discount is available for payment in full. Interest will be accrued once the account has reached 90 days (see below). If you need to make payments, Care Credit is available upon approval through Care Credit application process. It is the patients' responsibility to know how they will be paying for procedure before treatment is administered. Any unpaid balance will be subject to a collections agency.

IMPORTANT

In the event that full payment for charges incurred for your dental care is not made, you are responsible to pay all costs of collection, including a Collection Agency Commission of up to 40% and interest rate of 18% per annum. You are further responsible to pay all costs and reasonable attorney fees if a suit is instituted hereunder to collect monies owed. You will also be required to submit yourself to the jurisdiction of the courts of Utah County, Utah. In such circumstances, this office retains the right to refuse further services and treatment.

NOTICE OF PRIVACY PRACTICES

We reserve the right to change the privacy practices of this office and the terms of this notice at anytime, provided that such changes are permitted by applicable law. We reserve the right to make and 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.

QUESTIONS AND COMPLAINTS

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

If you believe or are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your dental 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 us using the contact information listed on this notice. You may also correspond with the U.S. Department of Health and Human Services Toll-Free at:

1(800) 368-1019

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

Our Patients are welcome at any time to request a more detailed copy of the Office Privacy Policies.

