

Lacey Family Dental · Office Policies

General Consent for Treatment at Lacey Family Dental

I consent to any necessary x-rays, study models, photographs, oral examination, or any other diagnostic aid deemed appropriate for proper diagnosis of oral health. I consent that photographs showing teeth or mouth area only may be posted online or used in advertising (any identifying picture will be cleared on an individual basis).

The dentist and staff will explain the purpose of the procedures to be performed, the expected benefits, the potential complications and possible alternative treatments including the consequences of no treatment. I understand I have the opportunity to ask any and all questions regarding treatment and am encouraged to do so to my satisfaction. I authorize doctor and staff to perform all recommended treatment mutually agreed upon and to use the appropriate medication and/or therapy indicated for such treatment. I understand that use of anesthetic agents and all surgical procedures embody certain risks and agree to complete/update as necessary all health information to minimize these risks. I understand that if a dental restoration (filling, crown, bridge, etc.) is able to be dislodged or "popped off" from examination or cleaning that this is a pre-existing condition being revealed; dental work in acceptable condition can not simply be removed, and we have to be able to touch and test teeth in order to diagnose and clean them properly.

I acknowledge that the results of the proposed treatment cannot be guaranteed and that the need for further or alternative treatment is always possible with any medical procedures. I understand that complications may arise that could necessitate changing the proposed treatment during the course of a procedure or treatment plan. **I understand the doctor is acting in my best interest and I may be asked to consent to additional or alternative procedures that may be necessary.**

I understand that it is my responsibility to advise your office of any changes in the information contained on any and all forms, including patient/guardian information, insurance policies held, and health history.

Financial Policy

At Lacey Family Dental we offer quality dentistry at fair prices, and our provision of care will result in a bill for our services. FULL PAYMENT IS DUE AT THE TIME OF **SCHEDULING**, UNLESS WE ARE BILLING YOUR INSURANCE, IN WHICH CASE ONLY ANY APPLICABLE CO-PAYMENT OR DEDUCTIBLE IS DUE AT THE TIME OF SCHEDULING. Upon approved credit, payment plans with low- or no-interest can be arranged through Care Credit, but must be done so prior to scheduling (I understand that appropriate credit bureau reports may be obtained).

Regarding insurance: Your insurance policy is a contract between you and your insurance company; we are not party to that contract. As a courtesy to you, we will bill your insurance carrier on your behalf for the charges the company has agreed to pay (please bring your card to each visit and inform of us of any coverage changes immediately). However, you are responsible for any amounts not covered by your insurance, including co-payments and deductibles. We will do our best to accurately estimate your coverage, but ultimately any non-covered services that we perform will be billed to you directly. If your insurance company has not paid your account within 45 days, the account automatically becomes your responsibility and will become due immediately. Please be aware that some of the items or services recommended/provided may not be covered or may not be approved for payment under your policy, but have been deemed to be in your best interest by the doctor. While having a dental benefits plan is great to help reduce your out-of-pocket expenses in maintaining or restoring oral health, insurance companies are not medical professionals and do not/should not dictate treatment.

If you are 18 or older, you are legally responsible for your own account, regardless of who you come with, who has a contract with an insurance company, or who claims you as a tax deduction. If the patient is under 18, both parents, despite divorce or other separating arrangements or the legal guardian of the patient, are responsible for payment. In the event payments are not received at the time of service or agreed upon dates, I understand that a 1.5% monthly finance charge (18% APR) may be added to the account, in addition to any collection charges and reasonable attorney fees. A bounced check fee of \$50 will apply to each bounced check, plus any collection charges and reasonable attorney fees if need be.

Annual fee increases are to be anticipated, however quotes will be honored for up to six months after given. If insurance rates have changed, we must immediately use updated fees for patients with that insurance as per contracts.

Cancellation Policy

At least 24 hours notice must be given for appointment cancellations, otherwise a \$75 (per hour scheduled) cancellation fee will be assessed, which must be paid in order to continue as an active patient. A total of two missed "no-show" appointments or short-notice cancellations will result in patient dismissal. We also ask that you arrive at least 10 minutes before your scheduled time to update forms and assure a timely start. Late arrivals may have to be rescheduled; more than 10 minutes late will be considered a no-show. If we are unable to confirm an appointment in the week prior, we may cancel appointment and offer the space to another patient. We will attempt contact via text, call, and email with the information you've left on file for us to do so. It is your responsibility to inform us of changes to contact info. Please respect our time as we respect yours.

Statement of Privacy Practices

Our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

Protecting Your Personal Healthcare Information

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of Washington. This includes issues relating to your treatment, payment, and our health care operations. Your personal health information will never be otherwise given to anyone without your consent. Family members or others brought with you to appointments will be assumed to have your consent to be present and to be exposed to your personal information unless we are told otherwise. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose, or to limit disclosure from anybody you choose, unless said person is a legal guardian.

Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current, and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

Collecting Protected Health Information (PHI)

We will only request personal information needed to provide our standard of quality health care, implement payment activities, conduct normal health practice operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

Disclosure of Your Protected Health Information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing purposes without your written consent. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machines, and postcards.

Any breach in the protection of your personal health information, including unauthorized acquisition, access, use, or disclosure, will be fully investigated, addressed, and mitigated as established by the HIPAA Privacy Rule. You have a right to and will be provided all information relating to any breach involving your personal PHI.

Your Rights as our Patient

You have a right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

Please ask if you have any questions about your privacy rights or the protection of your health information.