

**Payments for all office visits are expected on the same day of service.** Any other arrangements must be made **in advance** and those arrangements will carry an interest charge of 18.00% per annum (1.5% per month). I/we hereby authorize any insurance company, group plan, organization, employer or provider of service to release, prior to or after payments, any and all information, related to this claim. I /we hereby authorize any and all payments from any insurance group for the dental service provided to go directly to the dental office of Create-A-Smile, P.C. I/we understand that the submission of any and all insurance claims by this dental office is done solely as a courtesy and that I am/we are ultimately responsible for the submission of all dental charges to the insurance group(s).

In consideration of dental services furnished by the dental office of Create A Smile PC to the above-named maker(s) and their authorized family members, I/we hereby guarantee payment in full of said account in accordance with the credit terms set by Create A Smile PC. In the event of default of said account when due, the entire balance shall become due and payable immediately without notice at the election of the payee hereof. The maker(s) specifically agree that in the event of default, reasonable attorney's fees and reasonable cost of collection shall be added to the amount due on this account. The maker(s) hereof jointly and severally waive presentment of payment, protest, notice of protest and notice of non-payment on this account.

***THIS OFFICE WILL CHARGE \$50.00 FOR EACH MISSED APPOINTMENT OR A CANCELLED APPOINTMENT WITH LESS THAN TWO BUSINESS DAYS NOTICE.***

### **Notice of Privacy Practices**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

The Health Insurance Portability & accountability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information. As Required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include teeth cleaning services.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions,

cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders of information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. This notice is effective as of **April 14, 2003** and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office. You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaints with our office, or with the department of Health & Human Services, about violations of the provisions of this notice.

We will not retaliate against you for filing a claim.

Patient Name \_\_\_\_\_ (Please Print)

Signature (Patient or Legal Guardian if Minor) \_\_\_\_\_ Date \_\_\_\_\_