



Graceful *Smiles*

D E N T I S T R Y

Office Policies

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## **Office Policies**

### **Acknowledgement of Receipt of 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. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, 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.

- Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.
- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include crowns, fillings, teeth cleaning services, etc.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your dental plan for your dental services.
- 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 include a periodic assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you of an appointment (by phone, text, email or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members that are directly involved in your care or who assist in taking care of you. We will use and disclose your protected when we are required to do so by federal, state or local law. We may disclose your protected health information to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

We will release your protected health information if requested by a law enforcement official for any circumstance required by law. We may release your protected health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. We may release protected health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor. We may use and disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

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We may disclose your protected health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. We may disclose your protected health information to federal officials for intelligence and national security activities authorized by law.

We may disclose your protected health information to correctional institutions or law enforcement HIPAA officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals or the public.

We may release your protected health information for workers' compensation and similar programs.

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 certain rights in regards to your protected health information, which you can exercise by presenting a written request:

- 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 request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to access, inspect and copy your protected health information.
- The right to request an amendment to your protected health information.
- The right to receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.
- 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.

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. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
877-696-6775 (tollfree)

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### **General Informed Consent**

#### **Cancellations, Missed, and/or Late Appointments**

Your appointment time is reserved specifically for you and for you only. Because of this, missed appointments or late cancellations are extremely detrimental to our day. As a result, we request at least 24 hours advanced notice if you will not be able to make your appointment. Repeated missed appointments or late cancellations may result in fees or dismissal as a patient. Missed appointments and/or late cancellations can incur a cancellation fee. Please let us know ahead of time if you will be late. If you are a new patient, you will need to fill out our new patient form online prior to your appointment. If you are filling out paperwork in the office, please understand it will cut into your appointment time, and we might not be able to complete all of your planned procedures. Therefore, please try to come 10-20 mins earlier than your appointment time to fill out paperwork. Please give us a call if you will be more than 10 minutes late.

#### **Payment**

Payment in full for your treatment is due no later than when services are rendered. Acceptable forms of payment include cash, check, Visa, Master Card, American Express, Discover, CareCredit, and assigned insurance benefits. In the event there is a shortage due to insurance underpayment, it is our policy to collect the payment from the patient. If a patient has an outstanding balance, it is our policy to collect the payment prior to providing any additional procedures.

#### **Insurance: Estimates, Pre-authorizations, and/or Claims**

Our receptionists, patient care coordinators, and medical billing team strive to provide the best estimates possible for patients. Estimates are not 100% accurate because we cannot always predict what insurances will choose to cover or not. If the insurance Explanation of Benefits come back with any changes, it is our policy to collect the outstanding balance. It takes time to hear from insurance companies regarding pre-authorizations and claims. It sometimes can take up to a month to hear from the insurance companies regarding a claim or pre-authorization status.

#### **Photographing and Publishing**

At Graceful Smiles Dentistry, we offer plenty of cosmetic procedures including but not limited to: Veneers, Crowns, Teeth Whitening, Orthodontics, Implants, etc. We may ask to take before and after photos and publish them on our website and social media. We will ask you to sign a consent form to give us permission for prior to photographing and publishing any parts of your treatment.

#### **Examinations and x-rays**

To properly provide a comprehensive examination, diagnosis, and treatment plan, the initial visit usually requires radiographs.

#### **Drugs, medication, and sedation**

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Antibiotic, analgesics, and other medications can sometimes cause allergic reactions such as: redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). They may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. Please understand that you should not operate any vehicle, or hazardous device for at least 12 hours- or until fully recovered from the effects of the anesthetic medication and drugs that may have been given in the office for your treatment. Failure to take medications prescribed for me in the manner prescribed may offer risks of continued or aggravated infection, pain, and potential resistance to effect treatment of the condition. Antibiotics can reduce the effectiveness of oral contraceptives.

### **Changes in treatment**

During treatment, it may be necessary to change or add procedures. This can be due to conditions found while working on your teeth, the most common being root canal therapy following routine restorative procedures. We will inform you of any changes, price changes, and obtain consent before doing additional procedures.

### **Temporomandibular joint dysfunctions**

During routine procedures, symptoms of popping, clicking, locking and pain can intensify or develop from holding the mouth in an open position for extended periods of time in the temporomandibular joint (TMJ). However, symptoms of TMJ associated with dental treatment are usually transitory in nature and well tolerated by most patients. Understand that should the need for treatment arise, you will be referred to a specialist for treatment, the cost of which is your responsibility.

With any dental treatment, there is a possibility of injury to the nerves of the lips, jaws, teeth, tongue or other oral or facial tissues. The resulting numbness that could potentially occur is usually temporary, but in rare instances it could be permanent. Understand, that every reasonable effort will be made to ensure that any condition is treated appropriately. No guarantee or assurance can be given that any proposed treatment or surgery will cure or improve any conditions.

### **Dental Materials**

A dental materials fact sheet is available at [https://www.dbc.ca.gov/formspubs/pub\\_dmfs2004.pdf](https://www.dbc.ca.gov/formspubs/pub_dmfs2004.pdf). A printed copy is also available at the front desk.