

W E L C O M E T O
North Woods Dental, P.A.

We would like to thank you for choosing our office for your continuing dental care! The goal of our office is to provide our patients with the highest standard of care, while making their experience as comfortable and pleasant as possible. We welcome patients who are seeking a lifetime of excellent oral health and are willing to do their part in the process.

Your relationship with North Woods Dental, P.A. will begin with a complete series of x-ray's a cleaning and a comprehensive examination. Following this, we will formulate a treatment plan, which will outline our goals to ensure a lifetime of healthy teeth and gums. As we formulate the treatment plans for our new patients, we would like to thoroughly explain the nature of these plans and answer any questions you may have regarding procedures, scheduling of appointments, and fees.

This packet includes some important information about our practice and our policies; please review it completely. Certain important information regarding payment plans, scheduling and procedures should be read prior to your first visit. Please do not hesitate to call our office should you have any questions about our policies or our services.

We look forward to meeting you!

Dr. Dana N. Bartlett

Dana N. Bartlett, DMD
North Woods Dental, P.A.

POLICIES & PROCEDURES

Financing Options

In an effort to minimize billing costs, we expect fees to be paid in full at the time of service by cash, check, Master Card, Visa or Care Credit. In the case of patients with dental insurance, the expected co-pay will be due at the time of service. . We want our patients to receive the best dental care available to them and yet not feel overburdened with the payments for that care. Often, that may mean doing urgent procedures immediately and deferring other treatment until it becomes more affordable. It usually is not necessary for the entire treatment plan to be completed immediately. The planned treatment may be spanned over a period of time if finances will only allow periodic treatments. We would rather not sacrifice the quality of care for the sake of completing it immediately. Our goal is to provide a healthy mouth that is free from disease and sound teeth that are in a stable bite relationship and we hope our patients are committed to the same goal. With this goal accomplished, our patients can expect a lifetime of comfort and effective function. If the goal of the new patient is to only patch teeth to avoid pain then, we have conflicting goals and misunderstandings can be avoided by seeking care from an office that provides that kind of service. Comprehensive care is not for everyone and we understand that, but we have chosen a standard of care to which we are committed.

Scheduling

To ensure positive service to all our patients, we require you to make appointments in advance. If you are in need of emergency service, we will try to schedule you as soon as possible. If you cannot honor your appointment, please notify our office at least 48 hours in advance to make additional arrangements. Any appointments missed or cancelled with less than 48 hours advance notice will be considered a failed appointment and there will be charges incurred for the scheduled treatment. We understand our patients cannot foresee weather conditions, but if you must cancel due to inclement weather, please contact us as soon as possible to make additional arrangements. Our office is open Monday through Thursday between the hours of 8:00 AM and 5:00 PM. Our office will be closed for all federal holidays and during extenuating circumstances.

PROTECTING PATIENT RECORDS :

Federal Privacy Information

The Federal Health Insurance Portability and Accountability Act

This is not meant to alarm you! Quite the opposite! It is to communicate to you that we are taking the new Federal Health Insurance Portability and Accountability Act (HIPAA) laws written to protect the confidentiality of your health information seriously. We do not want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

What has changed? Why a privacy policy now?

The most difficult variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare.

The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also with the Internet, phone, faxes, copy machines, and charts. We believe this has been an important

exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

““ **health
information
will not be
shared with
anyone**””

We want you to know about these policies and procedures we developed to make sure health information will not be shared with anyone who does not require it. Our office is subject to State and Federal laws regarding the confidentiality of your health information. In keeping with these laws, we want you to understand our procedures and rights as our valuable patient.

We will use and communicate your health information only for the purpose of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

HOW YOUR HEALTH INFORMATION MAY BE USED

To Provide Treatment

We will use HEALTH INFORMATION within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist, and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing you treatment.

To Obtain Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in training programs for students, interns, associates, and business and clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

In Patient Reminders

Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventive and restorative care modern dentistry can provide. They may include postcards, folding postcards, letters, telephone

reminders or electronic reminders such as email (unless you tell us that you do not want to receive these reminders).

Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

Public Health and National Security

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

For Law Enforcement

As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain circumstances, if you are a victim of a crime or in order to report a crime.

Family, Friends and Caregivers

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In case of an emergency, where you are unable to tell us what you want we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

Authorization to Use or Disclose Health Information

Other than is stated above or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

PATIENT RIGHTS

This new law is careful to describe that you have the following rights related to your health information.

Restriction

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Inspect and Copy Your Health Information

You have the right to read, review, and copy your health information, including your complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

Amend Your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information record in question was not created by our office, is not part of our records or if the records containing

your health information are determined to be accurate and complete.

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested. Thank you for limiting your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will mail, or email you a copy. We are required by law to maintain the privacy of your health information and provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice. You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.

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Print Patient Name

Thank you very much for taking time to review how we are carefully using your health information. If you have any questions we want to hear from you. If not, we would appreciate very much your acknowledging your receipt of our policy by signing below. We look forward to seeing you soon!

▶

Patient Signature

▶

Date

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To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in training programs for students, interns, associates, and business and clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

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Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will mail, or email you a copy.

We are required by law to maintain the privacy of your health information and provide to you and your representative this Notice of our Privacy Practices.

We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information.

Please let us know of your concerns or complaints in writing.

**PLEASE KEEP THIS DOCUMENT
FOR YOUR RECORDS**

D · A · T · A C · O · L · L · E · C · T · I · O · N

Please fill out the following information as accurately and clearly as possible. Use N/A if a question doesn't apply to you. If you have any questions or need clarification please call 1-603-237-5555. Please bring form in at the time of your first appointment.

Thank you!

Responsible Party

Self ____ (Check here and skip lines 1 thru 5 if the patient is the responsible party)

1. Name: _____ Birth Date: _____
Address: _____ City: _____ State: ____
Home Phone: _____ Cell: _____ Email: _____ Zip: _____
4. Employer: _____
Employer Address: _____ City: _____ State: ____
Employer's Phone: _____ Extension: _____ Zip: _____
5. Relationship to patient: _____ Email _____ @ _____

Patient Information

1. Name: _____ Birth Date: _____
Address: _____ City: _____ State: ____
Home Phone: _____ Cell: _____ Email _____ @ _____
2. Employer: _____
Employer Address: _____ City: _____ State: ____
Employer's Phone: _____ Extension: _____ Fax: _____ Zip: _____
3. Whom may we thank for referring you? _____

Insurance Information

1. Insured Party: _____ Relationship to patient: _____ Through Employer? ____
2. Insurance Company: _____ Group number: _____ ID Number: _____
Insurance Company Address: _____ Social Security: _____
City: _____ State: ____ Zip: _____