HIPAA Policy and Office Consents

We will use your 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 labs, pharmacies or other health care personnel providing you treatment. It also may be used:

TO OBTAIN PAYMENT

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

TO CONDUCT HEALTH CARE OPERATIONS

Your health information may be used during training programs and evaluation programs. 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 process 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, letters, telephone reminders, email or texting.

PUBLIC HEALTH AND NATIONAL SECURITY

We may require 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 the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or a medical device.

FAMILY, FRIENDS, AND CARE GIVERS

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

COPY OF RECORDS

You are entitled to a copy of your records from our office. You may be subject to a records production fee of $0.75 per printed page, and $10 per printed page for xrays or other diagnostic images. Please allow 7-10 business days for these records to be prepared and mailed. An emailed copy option is also available.

CONSENT FOR SERVICES and PHOTOGRAPHY

During the course of treatment, I may undergo procedures in all phases of dentistry including periodontics (gum treatment and surgery), oral surgery, endodontics (root canals), fixed and removable prosthodontics (crowns, bridges, and dentures), implant dentistry, restorative dentistry, temporomandibular disorder treatment, oral pathology, pediatric dentistry, and radiography.

No guarantees can be made about treatment outcomes, restoration longevity, or prognoses. I understand that any branch of medicine, including dentistry, can involve unanticipated results. Yonkers Avenue Dental will do everything possible to minimize unanticipated or unintended outcomes.

ANESTHETICS: Most procedures are performed with a local anesthetic (commonly referred to as *Novocain and Zylocaine)*. In rare instances, allergic reactions may occur, so you are requested to inform our office staff of any known allergies you may have. Some sedative or pain medication may cause drowsiness. Therefore, when these medications are used, you would need to make arrangements for transportation with another person.

INFORMED CONSENT AND AURTHORIZATION: I certify that I have read and understand this Informed Consent. I understand that potential complications and problems may include, but are not limited to, those described in the treatment and discussed with me. I understand that during and following the treatment, and in the future, conditions may become apparent that warrant additional or alternative treatment pertinent to the success of comprehensive treatment. Recognizing the potential problems and risks of dental treatment, authorization is given for dental treatment to be rendered by the dentist and office staff. I also approve any modification in design, materials, or care, if it is felt this is for my best interests.

PHOTOGRAPHY: Photos and video help us better see and explain dental conditions. I authorize the doctor and/or staff to take photographs and/or videos of me or dependent for for diagnosis, to understand and improve the outcome of my case, and/or for demonstration or marketing purpose on or offline through print publication or online media. My name will be kept confidential. I do not expect compensation, financial or otherwise, for use of these photographs. ☐ Check this box if you would only like to use photos/video for diagnosis and treatment only.

*Patient/Parent/Guardian Signature*____ *Date* ________________