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**HIPAA INFORMATION AND CONSENT FORM**

The Health Insurance Portability and Accountability Act (HIPAA) provide safeguards to protect your privacy. Implementation officially began April 14, 2003. There are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as a patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. [www.hhs.gov](http://www.hhs.gov).

We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services to ensure that all administrative matters related to your care are handled appropriately. This includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient records will not be available to persons other than our staff. You agree to the normal procedures utilized within the office for the handling of patient records, PHI and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We do this by telephone, e-mail, U.S. mail or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to the office policy and new technology that you might find valuable.
3. The practice uses a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns and complaints regarding privacy to the attention of the office manager or doctor.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods, or services.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete, or modify any of the provisions to better serve the needs of both the patient and the practice.
9. You have the right to request restrictions in the use of your PHI and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby consent and acknowledge my agreement to the terms set forth above and subsequent changes in office policy.

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Signature Date

**Financial Policy**

**Do you have insurance?** If you have insurance, let us first clear up some common misconceptions. Most traditional plans are not designed to pay 100% of your dental costs. They are intended to pay a % of the costs. Additionally deductibles must be paid by the patients before insurance benefits begin. These copays and deductibles are negotiated by your employer and insurance company. We are not involved in these negotiations so if your dental benefits did not pay or paid little toward a visit any and all questions or complaints need to be addressed by your insurance payer or benefits office. Our only role with your insurance is filing a claim on your behalf free of charge and applying any payments or credits they make toward your account balance. **If it is discovered that you did not have the insurance coverage you thought you did or we learn that your coverage was terminated at the time of your visit or it was retroactively terminated either by your insurance company or employer,** YOU WILL BE RESPOINIBLE FOR THE ENTIRE AMOUNT OF THAT VISIT.

**How and when do I pay for my visit?** We accept MasterCard, Visa, Amex, and Discover as well as cash and personal checks. We can also direct you to a third party lender called The Medical Bureau of Pittsburgh (they help patients pay for medical/dental expenses incurred). Our practice does not have the expertise or resources to act as both a dental office and lender/bank. All known copayments are due at the time of visit. Unknown copayments are billed after insurance claims settle. Those unknown copayments are billed once free of charge. Additional monthly bills may incur a $5.00 billing fee each.

**Do we send bills?** We do not send unnecessary bills. That helps keep costs down and allows us to be one of the more affordable dental practices in the area. All known copayments are due at the time of service.

**What if I don’t pay?** A $5.00 billing fee can be imposed for each past due statement sent. An additional finance charge of 1.5% monthly may be added to any balance over 30 days. After 3 billing statements you may be turned over to the CREDIT BUREAU. Once this occurs we can no longer help. All contact will be with the CREDIT BUREAU, they in essence own your debt. YOU WILL ALSO BE RESPONSIBLE FOR ANY AND ALL COLLECTION CHARGES.

**What if my check bounces?** A $30.00 fee will be added to your account (most of the fee is to cover bank charges that we are assessed as a result of YOUR bounced check)

**What if I just don’t show up for an appointment?** These appointments are time reserved. Unless you notify us at least 24 hours in advance, it makes it impossible for us to offer the reserved time to someone else. We try to minimize these wasted appointments because if we have enough our fees begin to increase. We want to be one of the more affordable dental practices in the area and discouraging missed appointments helps us do that.

Thank you for your understanding of our policies. I have read, understand, and agree to the financial policy as written above. If you have any questions or concerns about our policies please ask someone on our staff.

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Patient/parent/ guardian Date