PEDIATRIC DENTISTRY
Drs. Spangler, Lambert & Lipp

Spangler, Lambert & Lipp, DDS, PLLC
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Winston Salem: (336) 768-1332
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Patient Name: _____

Practice Policies

Thank you for trusting us as your child's dental healthcare provider! It is our goal to provide the best possible care for your child. To meet this goal, we must have your help. Please carefully read the following guidelines for our office:

Appointments: Once an appointment has been made, this time has been reserved specifically for your child. We request a 48-hour notice prior to changing or cancelling an appointment so that we may accommodate other patients awaiting treatment. Appointments that are broken or cancelled on short notice may not be able to be rescheduled in a timely manner. Please understand that after several missed appointments, we may ask you to find another dental office that better meets your schedule needs.

Late Arrival to Appointments: If you are late for your child's appointment, we may offer a later appointment to you, or we may need to reschedule. Please understand that we make every effort to be on time for your child's appointment.

Payment: To avoid misunderstanding, we wish the persons responsible for the patient's account be aware that all professional services rendered are charged directly to them and that they are personally responsible for payment of fees at the time of service. For those that have dental insurance, we will file your claims as a courtesy. Please understand that insurance is an agreement between you and your insurance company. We do not render services on that basis that insurance companies will pay our fees, rather based on what is best and clinically indicated for your child. In the event that an extensive treatment has been planned, our office will gladly work with you to make financial arrangements.

Signing below indicates that you have read and understand the above office policies concerning appointments and payment and agree to abide by these policies. In addition, signing below authorizes the release of any information acquired during the examination or treatment process to insurance companies and to any other physicians or dentists involved in the patient's care.

HIPAA Consent

The Department of Health and Human Services has established a "Privacy Rule" to ensure that personal healthcare information is protected for privacy. This Privacy Rule was also created in order to provide a standard for certain healthcare providers to obtain their patient's consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your personal dental records and will always take reasonable precautions to secure that privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those in need of your health care information and

information about your treatment, payment, or health care operations, in order provide care that is in your best interest.

We also support your full access to your personal dental records. We may have indirect treatment relationships with you (such as laboratories that only interact with doctors and not patients) and may have to disclose personal health information for the purpose of treatment, payment, or health care operations. It is often not required to obtain personal consent to share information with these entities.

You may refuse to consent to the use and disclosure of personal health information, but this must be in writing. Under this law, we have the right to refuse treatment should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI disclosure. You may not revoke actions that have already been taken which relied on this previously signed consent.

You have the right to review our Privacy Notice, to request restrictions, and to revoke consent in writing.

Permission to Grant Access to Your Child's Dental Records

If you wish to grant someone permission to the Personal Health Information (PHI), please list the individuals below:

I, _____ (Patient or Legal Guardian) hereby grant permission to release information about the patient's treatment or financial records to the following:

Name	Relationship to Patient
_____	_____
_____	_____

Permission for Electronic Communication

Email and texting are popular and convenient ways to communicate with our patient families. Most email, text messaging, and voice mail services are not encrypted. Federal guidelines state that if a patient is aware of the risk of unencrypted communication and provides consent to receive health information via electronic communication, then a health entity may send that patient or legal guardian personal medical information via unencrypted electronic means.

I give permission to send personal health information via the following:

- ☐ Email
- ☐ Text Messaging
- ☐ Voicemail

_____ _____

(Signature or patient or legal guardian) (Date)