

Signature of Patient, Parent or Guardian

INFORMED CONSENT, FINANCIAL AGREEMENT & H.I.P.A.A. (Privacy Policy)

INFORMATION AND CONSENT FOR TREATMENT

1. **OUR TREATMENT GOAL- THE BEST TREATMENT POSSIBLE:** Our treatment objective is to always obtain the best treatment result possible. Informed consent is a requirement facing all medical and dental practitioners. It is the responsibility of my staff and myself to provide each patient with enough information so that the patient has an understanding of the extent of their dental problem, benefits of treatment, risk of treatment, treatment alternatives and consequences if no treatment is performed.
2. **PATIENT COOPERATION:** As a rule, excellent results can be achieved with informed and cooperative patients. Patient cooperation is one of the most important factors in determining your continued dental health. The key to successful treatment is a joint effort by the patient, doctor and the staff working together.

To help achieve the most successful results, the patient must do the following:

- A. Keep regularly scheduled appointments. Cancellations do occur, if within 24 hours a cancellation fee of 50.00 will be applied. We will not continue to treat any patients who are missing appointments on a regular basis. If THREE appointments are missed, we would recommend you to find a new dentist.
- B. Practice good oral hygiene, including brushing, flossing, etc.
- C. Follow through on all necessary treatment.
- D. If you decide not to have a recommended treatment, complications to your teeth, mouth, and or general health may occur. **AS WITH ANY DENTAL TREATMENT, THERE ARE NO GUARANTEES.**
- E. **ADDRESS ANY CONCERNS PRIOR TO TREATMENT. NO DENTAL TREATMENT IS COMPLETELY RISK FREE. YOU WILL ALWAYS BE GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND HAVE THEM FULLY ANSWERED.**

3. **PERMISSION TO USE PHOTOGRAPHS AND XRAYS:** Patient consents to the taking of photographs and x-rays before, during, and after treatment, as they are a necessary part of the diagnostic procedure and record keeping.

FINANCIAL RESPONSIBILITY POLICY

As a result of the many confusing insurance company reimbursement policies, it is necessary to have an easily understood financial responsibility policy.

- It is important for you to provide our office with COMPLETE insurance information for ALL carriers with whom you are insured at the time of service. At each visit, we need you to show us your insurance card to ensure that your current insurance information is on file.
- As a service to our patients, we will submit your insurance claim to your primary insurance company. Our office will provide the insurance company with all the information necessary to help you receive maximum benefit from your insurance company. However, it is the patient's responsibility to know the insurance coverage and benefit limit of their particular policy. PLEASE BE AWARE THAT ALL INSURANCE PLANS HAVE A MAXIMUM AMOUNT OF BENEFITS THAT THEY WILL PAY PER PLAN YEAR.
- If a claim is denied, we will research why the rejection occurred and either resubmit to insurance or bill you the appropriate balance. If the claim is denied a second time, the appropriate balance immediately becomes the responsibility of the patient and should be paid to us directly. You may contact your insurance company for reimbursement.
- If the patient has coverage with a second insurance company, we will submit all secondary claims directly to that insurance company, along with a copy of the explanation of benefits from the primary insurance.
- Insurance is a patient's benefit designed to assist the patient in their financial obligation to the office of Steward & Gaull P.A. The patient is the one receiving the dental service and therefore is ultimately responsible for all charges on the account, regardless of any insurance coverage. This applies to all family members who are treated in the office of Steward & Gaull PA
- After the primary insurance payment is received, the patient will be billed for any difference between the insurance payment and the actual balance due. If the insurance payment is greater than the current balance, we will either refund the amount to the patient or leave the credit balance on the patient's account to be applied toward future treatment.
- In the event that the patient does not have insurance coverage or the patient's insurance company sends the insurance payment directly to them, charges for services are due and payable at the time of service, unless a signed financial agreement has been approved.

Insurance benefits are estimates only. I understand that I am responsible for any co-payments and deductibles, along with any procedures that my insurance company does not cover. I authorize the dentist to release any information, including diagnoses and records of treatment rendered to my family or me during the period of such dental care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the dentist, insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered and any collection fees accumulated on my behalf or that of my dependents. I am also responsible for any balance due because of insurance claims not paid within 60 days of service.

NOTICE OF PRIVACY PRACTICES

Steward & Gaull P.A.

214 S. Walnut St. Milford, DE. 19963

(302)422-9791

(302)422-7307- fax

Info@drstewarddds.net

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.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth; prescribing medications and submitting them to be filled; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or dental care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we will ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;

- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your dental care.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or cell phone voicemail, or with someone who answers your phone if you are not available.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the contact information named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office information named at the beginning of this Notice.
- ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal e-mail address. We will accommodate these requests if they are reasonable and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office information named at the beginning of this Notice.
- ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day

extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office information named at the beginning of this Notice.

- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request to the office information named at the beginning of this Notice.
- get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office information named at the beginning of this Notice.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office information named at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

COMPLAINTS

- If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office information named at the beginning of this Notice.

I have read and understand the above information and the information given to me verbally. By my signature above (electronic), I authorize and consent to the dental care meeting the "standard of care" as necessary by or under the supervision of Norman S. Steward, Jr. DDS or Candace L. Gaull DMD, including but not limited to exposure to x-rays as necessary, use of local anesthetics, use of appropriate medicaments and materials for such treatment. I also understand my financial responsibility and have read and/or received a copy of the H.I.P.A.A. (notice of privacy practices).