

WELCOME TO YOUR DENTAL HOME

We are happy that you have chosen our office as your new dental home. We look forward to building a long and mutually beneficial relationship with you.

We believe that earning your trust is more valuable than an immediate financial reward. Our primary concern is your oral health and we'll strive to provide you with the best quality and professional care that you desire.

In order to provide timely appointments for all patients, we ask that you please cancel an appointment at least **48 hours** prior to your scheduled visit. **A charge of \$55.00 will be billed to your account in the event of a missed appointment.**

If you do not confirm your appointment, we may reserve that time for another patient. Our office policy is that payment is rendered at the time of treatment unless other arrangements have been made.

Returned checks will be subject to a \$30.00 fee. In the event of default to pay, reasonable collection attempts will be made as provided by law.

Your dental coverage is a contract between you, your employer, and your insurance company. Not all services are a covered benefit in all contracts.

If you have any questions regarding your dental care, privacy rights, or any other needs, please feel free to speak to us at any time. Additionally, you may send us an email at goldenruledentalcenter@gmail.com

Copies of X-rays will be provided for a \$20.00 fee unless otherwise stated with your insurance carrier.

I acknowledge that I have received the Office Policies and I agree to the terms.

Patient's signature _____

Date _____

Notice of Privacy Practice Summary – HIPAA

This summary discloses how Healthcare information about you may be used by Golden Rule Dental Center. A full notice of your privacy rights has been provided for you.

- Treatment, Payment, Operations. We may use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.
- Uses and Disclosures for Appointment Reminders. We may use and disclose your Healthcare information to contact you as a reminder that you have an appointment at the office.
- Authorization for Use and Disclosure. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.
- Public health, research, health and safety, government, workers compensation. We may disclose your information for public health activities, research, health and safety, governmental function, and in order to comply with workers compensation laws and regulations.
- Rights. You have a right to inspect and copy information used to make decision about your care, to request an amendment of the information, to an accounting of disclosures, to request communication with you by alternate means, to request restrictions on the information we use, and to revoke your authorization for release of information.
- Complaints. You may complain to the Department of Health and Human Resources if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.
- Organization duties. We must maintain the privacy of protected health information, provide you with notice of our legal duties and privacy practice with respect to your health information, abide by the terms of the notice, notify you if we are unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations, and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

I acknowledge that I have received the full Privacy Notice.

Patient's signature _____ Date _____