

OFFICE POLICY

SCHEDULING POLICY: Please give us 24 hours' notice for a cancellation of your appointment. We will call to confirm your appointment. If we are unable to confirm, it is still your responsibility to attend as scheduled. A \$30.00 no show fee may be assessed for a broken or missed appointment.

WHO IS ALLOWED IN THE TREATMENT ROOMS: We prefer that our patients not bring a guest to the treatment room during schedule treatment appointments with the Doctor or Hygiene only patients come back to the treatment room. No parents of young children, spouse's friends and etc. When you bring someone to the treatment room you are giving us permission to share your health information, including medical history and treatment, in the presence of this guest. At times we may require a caregiver or family member to come to the treatment room for benefit of the patient. We will attempt to obtain written permission from the patient in these special situations.

INSURANCE POLICY: Payment is due at the day of service, including deductibles & co-payments set by your insurance company as a courtesy. We file insurance claims for you; however we are not a PPO Provider. You do understand that you are in agreement with your insurance company, not between you and Peachtree Dental and that you are assigning dental benefit payments to be paid directly to Peachtree Dental. You are ultimately responsible for any and all charges even if your insurance company refuses to pay. If you have a question concerning your insurance coverage, please bring your insurance policy booklet with you and someone from our staff will be happy to assist you.

FINANCIAL POLICY: Payment for treatment is due in full at the time of your service. We provide several different payments options, which are: cash, personal checks, cashier checks, credit cards, we except Master Card, Discover and Visa. We offer financial options through Care Credit, www.carecredit.com. There is a \$35.00 fee for returned checks, and after 60 days there will be a \$10.00 billing charge applied to unpaid balances.

HIPPA

ABBUSE OR NEGLECT: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

FAMILY, FRIENDS, AND CAREGIVERS: We may share your health information with those people whom you tell us will be helping you with your care or who you personally authorize us to share your information with. We will ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our best judgment when sharing your health information only when it will be important to those participating in providing you care.

TREATMENT: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

DISCLOSING HEALTH INFORMATION: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost based fee for responding to these additional requests.

PATIENT RIGHTS: The law (HIPPA) is careful to describe that you have the following rights related to your health. Our office is required by law to notify affected individuals if a breach of unsecured patient information has occurred. If a breach of unsecured information has occurred, our office will send a breach notification to the affected individuals and to The Office of Civil Rights.

RESTRICTIONS: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

CONFIDENTIAL COMMUNICATION: You have the right to request that we communicate with you about your health information by confidential means or confidential locations. (You must make your request in writing). Your request must specify the confidential means or location, and provide satisfactory explanation how payments will be handled under the confidential means or location you request. In order to improve identity theft, photos may be taken and attached to your secured patient charts.

COPIES OF YOUR HEALTH INFORMATION: You have the right to read and review your health information including chart, x-rays, and billing records. If you would like a copy of this health information, let us know. We may need to charge you a reasonable fee to duplicate and assemble this copy. Please let us know if you prefer electronic or hard copies. Electronic will be sent unencrypted email.

ELECTRONIC NOTICE: If you receive this notice on our web site or by electronic mail (email), you are entitled to receive this notice in written form and copies of your health information.

MARKETING HEALTH-RELATED SERVICES: We will not use your health information for marketing communications without your written authorization.

FOR LAW ENFORCEMENT: As permitted or required by state or federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including under limited circumstances, if you are a victim of a crime or in order to report a crime.

AMENDING YOUR HEALTH INFORMATION: You have the right to ask us to update or modify your records if you believe your health information is incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. Please provide us with your requested amendments in writing and describe your reason for making the change. Your request may be denied if the health information records containing your health information are determined to be accurate and complete.

REQUEST A COPY OF THIS NOTICE: You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Call, visit or email us and we will gladly give you a copy.

OUR LEGAL DUTY: We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 9/23/2013, and will remain in effect till we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice, and make the new Notice available upon request.

REQUEST A COPY OF THIS NOTICE: You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Call, visit or email us and we will gladly give you a copy.

QUESTIONS & COMPLAINTS: If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to above us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate to any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer Connie Peels Telephone 828-837-2113 Fax 828-837-2114 E-mail info@peachtreedent.com

4048 East Highway US 64 Alt. Suite 10
Murphy, NC 28906
Phone: 828-837-2113 info@peachtreedent.com

THERE ARE MANY EXCELLENT DENTISTS HERE IN OUR COMMUNITY AND WE ARE HONORED THAT YOU CHOOSE OUR PRACTICE TO SERVE YOUR DENTAL NEEDS. THANK YOU!

2013 HIPAA OMNIBUS RULE

The Health Insurance Portability And Accountability Act requires offices to inform their patients of any and all changes made to the original HIPAA Privacy Rule.

BREACH NOTIFICATIONS: Our office is required by law to notify affected individuals if a breach of unsecured, patient information has occurred if a breach of unsecured information has occurred, our office will send breach notification to affected individuals and or to the office of civil rights.

MARKETING COMMUNICATIONS: Your information will not be used in marketing communications unless prior authorization is given by you the patient. Our office does not SELL ANY patient information.

CONFIDENTIAL COMMUNICATION: In order to prevent identify theft, photos may be taken and attached to patient charts.

INSPECT AND COPY YOUR HEALTH INFORMATION: if you request a copy of your health information, please let us know if you prefer electronic or hard copy records. Electronic records will be sent in unencrypted e-mail.

BUSINESS ASSOCIATES: Any person or organization who functions on behalf of a covered entity that involves use or disclosure of identifiable health information.

YOU MAY REQUEST A COPY OF THESE CHANGES AT ANY TIME