

Registered by: \_\_\_\_\_

Data Verified  
& Entered By: \_\_\_\_\_

**SEXTON DENTAL CLINIC INC.**

Date: \_\_\_\_\_ Patient #: \_\_\_\_\_

**\*\*All patients requesting partial dentures and/or extractions will be required to have x-rays.\*\***

I fully understand the purpose of x-rays and their diagnostic value in dental medicine and surgery. If the dentist requires an x-ray prior to treatment, I give my permission to have the x-rays taken.

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

**Patient Requested Dental Treatment:** (please circle)

Complete Upper Denture  
Complete Lower Denture  
Consultation

Upper Partial  
Lower Partial  
Were you scheduled for IV Sedation \_\_\_\_\_?

Extractions  
Reline/Adjustment  
Consultation

**Patient's Initials** \_\_\_\_\_

**PATIENT INFORMATION** (Photo identification is required.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
First MI Last

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Email: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security No. \_\_\_\_\_ (for identification purposes only) Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Is this your first visit to Sexton Dental Clinic? \_\_\_\_ If not, please list the approximate date of your last dental visit and the name of the dentist you were treated by: \_\_\_\_\_

Why did you come to our office today? **(Chief dental complaint.)** \_\_\_\_\_

Date of last dental examination \_\_\_\_\_ Name of dentist \_\_\_\_\_

Do you have SC Medicaid? \_\_\_\_ If yes, please list your Medicaid ID Number \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_ Phonebook \_\_\_\_\_ Internet \_\_\_\_\_ Friend(\_\_\_\_) \_\_\_\_\_ Other(\_\_\_\_) \_\_\_\_\_

**MEDICAL HISTORY**

Please answer all questions, (circle Yes or No), and fill in all blank spaces where indicated. Answers to these questions are for our records only and are kept confidential.

Do you have or have you ever had any of the following Diseases or Conditions?

Heart Murmur	Yes	No	Epilepsy or Seizures	Yes	No	Asthma or Hay Fever	Yes	No
Heart Attack	Yes	No	High/Low Blood Pressure	Yes	No	Diabetes	Yes	No
Hepatitis	Yes	No	Stomach Ulcers	Yes	No	Kidney Trouble	Yes	No
Tuberculosis	Yes	No	Venereal Disease	Yes	No	Respiratory Trouble	Yes	No
Anemia	Yes	No	Sickle cell Disease	Yes	No	Cancer	Yes	No
Radiation/Chemotherapy	Yes	No	Stroke	Yes	No	Sinus Problems	Yes	No
Psychiatric Problems	Yes	No	HIV/AIDS/ARC	Yes	No	Blood Transfusion	Yes	No
Drug/Alcohol Abuse	Yes	No	Thyroid Problems	Yes	No	Herpes	Yes	No
Orthopedic Surgery	Yes	No	Mitrovalve Prolapse	Yes	No	Glaucoma	Yes	No
Are you Pregnant?	Yes	No						

Do you have any drug allergies or have you ever had an adverse reaction to any medication? \_\_\_\_\_ If so, please list all drug allergies and describe the adverse reaction. \_\_\_\_\_

Are you allergic to Latex? Yes No (please circle)

Are you currently taking any medications? \_\_\_\_\_ If yes, please list ALL medications. \_\_\_\_\_

Are you taking any blood thinners (Aspirin, Plavix, Coumadin, etc)? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please list \_\_\_\_\_

Are you taking or have you ever taken any bisphosphonates (Fosamax, Zometa, Didronel, Aredia, Actonel, Boniva, Reclast)? Yes No

Date of last physical examination \_\_\_\_/\_\_\_\_/\_\_\_\_. Are you currently under the care of a physician? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what condition is being treated? \_\_\_\_\_

Name of your physician: \_\_\_\_\_ Physician's Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Have you been hospitalized within the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the reason you were hospitalized \_\_\_\_\_

Is there anything else we should know about your medical history? \_\_\_\_\_

Is this office visit accident related? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the date and nature of accident \_\_\_\_\_

### CONSENT TO ACCURACY AND DISCLOSURE OF PATIENT INFORMATION

The information I have provided is accurate and complete to the best of my knowledge and is only for use in treatment, billing, and processing of insurance benefits I am entitled to. I will not hold my dentist or any member of his/her staff responsible for any errors or omissions that I have made in the completion of my personal health information.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**If a personal representative signs this authorization on behalf of the patient, please complete the following:**

Personal Representative's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Sexton Dental Clinic, Inc. may only use and disclose your protected health information as follows:

1. Directly to you (the patient)
2. To carry our treatment, payment, or healthcare operations
3. In compliance with a patient authorization form
4. When you (the patient) is informed in advance of the proposed disclosure and has the opportunity to agree or disagree.
5. When the disclosure is required by law or for public health reason.

Therefore, Sexton Dental Clinic, Inc.'s doctors and staff are not permitted to discuss your dental treatment or any issues related to your dental treatment with your family members, friends, etc. without your written authorization.

If you wish to authorize such uses and disclosures, please ask a receptionist for a "Patient Authorization Form".

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient # \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT INFORMATION**

Payment is to be made at the time services are rendered. We accept cash, Visa, Mastercard, Discover, American Express, and Debit cards. We do not accept dental insurance; however, if you have dental coverage, a claim may be submitted to your insurance carrier for your reimbursement. If interested, please see the insurance specialists for further information.

The claims processing fee is \$8.

Person Responsible for Payment: \_\_\_\_\_ Do you have dental insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

**POST OPERATIVE CARE**

I, \_\_\_\_\_, agree that should I need any denture adjustments, post-operative care and treatment, or should any complications occur, I will return to the office of Sexton Dental Clinic. I understand that I may have to make return visits for denture adjustments and/or receive post-operative surgical procedures. If I am unable to return to the office of Sexton Dental Clinic, I will accept full responsibility of any expenses that may occur by choosing to go elsewhere for treatment. I also understand that if additional dental treatment is needed during a follow-up visit, there may be a fee for this treatment as well. Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**NO REFUND POLICY**

Due to the customized nature of dentistry, our services and products are non-refundable and non-returnable. The No Refund policy also applies to any restorative or cosmetic treatment that is in process or has been completed. Customer satisfaction is paramount to us, and complaints will be assessed on an individual basis.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**IMMEDIATE DENTURES**

I understand that when having teeth extracted that I am purchasing an Immediate Denture/partial that is neither aesthetically nor functionally perfect. I am aware that adjustments and a reline is necessary and at no additional cost if returned within 90 days. A reline can usually be done as early as two (2) weeks prior to the ninety (90) day return time. I also understand that this temporary denture/partial will need to be replaced in approximately one (1) year at my expense.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**CTI: COSMETIC TRY-IN DENTURE** (not for patients having extractions)

One of the main concerns of denture wearers is the appearance of their teeth. An impression is taken and a lab-technician will set the teeth on the models according to certain anatomical landmarks for that particular patient. These anatomical landmarks are the basis for determining the size and length of the denture, etc. However, this may not coincide with what the patient has in mind in regards to the appearance of the teeth. This is the purpose for the \*Cosmetic Try-In Denture\* (CTI). The CTI is a little more expensive; however, it is the only way to assure the patient satisfaction with the appearance of the denture.

With CTI, the teeth are set in a wax model and "Tried In" for the patient to see. At this time, the patient can make any requests for change in the way the teeth are set.

If a patient declines the option to have the CTI, there is no guarantee the patient will be satisfied with the appearance of the new denture.

I understand that by declining the option of having a try-in denture made, there will be no guarantee that I will be satisfied with the appearance of the denture.

I decline the option of having a "try-in" denture made and I understand that appearance satisfaction is not guaranteed.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Dental Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

7. **Sequestril** (Bone fragments) Extraction of a tooth requires that the bone surrounding it be expanded, or sometimes even fractured to allow the tooth to slip out of the socket. This may leave bone fragments still attached to the main body of the bony structure beneath. As healing begins, these fragments tend to reattach. Bony fragments that do not heal properly are often ejected from the socket. This can be painful and sometimes requires the dentist to remove it. When the fragments come out on their own, they are often mistaken for pieces of tooth. Sequestril are unavoidable and undetectable at the time of extraction. They are not considered to be a mistake the dentist made.

If you have an emergency and need to contact us after our normal operating hours, please call 843-656-2199. Leave a message and someone from our staff will contact you within a timely manner.

Thank you.

Sexton Dental  
Clinic Inc.

### After-Extraction Information & Care



Sexton Dental Clinic Inc

377 West Palmetto St.

Florence, SC 29501

843-662-2543

800-827-1560

www.sextondental.net

1. When you leave the office, you should have gauze over the extraction sockets. Keep gently biting on the gauze to keep constant pressure on the extraction area for an hour or two. The only way to stop the bleeding is to apply pressure to these areas. If you have kept the socket(s) covered firmly for at least two hours, the blood in the socket should have clotted. The clot acts like a cork and keeps you from bleeding further. You may notice some oozing from the clot while it continues to organize itself. The blood will also mix with saliva and can appear worse than it really is.
2. **Do not spit for 24 hours.** The act of spitting always starts with a sucking action. This will dislodge the clot causing renewed bleeding, or even a dry socket. You may gently bring blood and saliva forward with your tongue and wipe it away with a tissue.
3. **Do not smoke for 48 hours.** If you smoke, you will get a dry socket because the chemicals in the smoke get into the saliva and dissolve the clot. If you have ever had a dry-socket you will do anything to avoid another one.
4. **Wait until the anesthesia wears off before eating anything solid.** When you can feel your mouth, you may eat whatever you can tolerate.
5. **Take your medications.** If you have been prescribed an antibiotic, take it on schedule until it is all used up. Dental infections can be not only painful, but dangerous.

**Complications after Extractions**

1. **Bleeding:** Follow post-operative instruction #1 and the bleeding will stop. Patients who are taking blood thinners or patients with bleeding disorders should consult physicians before having a tooth/or teeth extracted. People who take aspirin or NSAIDs, such as Advil or Aleve, may experience prolonged bleeding at times. If you experience a lot of heavy bleeding, you may want to try using a tea bag to control it. Wet the tea bag, squeeze out the excess water, and then bite down gently on the tea bag for as long as you can. This should help a clot to form. Do NOT use a dry tea bag because it will taste horrible and it may stick to the clot if you do not leave it in long enough.
  2. **Swelling:** Swelling is common after any dental treatment. It is temporary and should disappear within a week. You may apply ice bags to the area (as instructed).
  3. **Infection:** The mouth is alive with bacteria. Infection is a constant problem after extraction due to the fact that the mouth is teeming with bacteria and cannot be sterilized prior to the extraction. (Not due to any error on the part of the dentist.) Renewed bleeding or swelling and increased pain after 48 hours is a sign of possible infection. If this occurs, you should see the dentist as soon as possible.
- \*\*Please take any prescribed medication with food. Taking medications on an empty stomach can cause nausea and vomiting to occur.\*\***
4. **Dry Sockets:** This is a condition in which the blood clot that forms in the extraction site becomes detached from the walls of the socket or dissolves away leaving bare bone exposed to saliva and the foods you eat. The bone becomes inflamed due to bacteria and contaminants in the saliva. This inflammation is persistent and painful. The socket begins to emanate a bad odor. A dry socket is one of the most painful, common, debilitating and dreaded post extraction problems encountered in dentistry. If you get one, it is not necessarily your fault, or the fault of the dentist. They are a quirk of nature. If you get one, you may think you are going to die, but you won't. But you should return to the dentist that did your extractions for treatment.
  5. **Broken Jaws:** It does occasionally happen. There are some situations in which the jawbone that surrounds the tooth or teeth is much more fragile than is usually the case creating a higher risk for the possibility of a jaw fracture.
  6. **Sinus perforation:** There is a thin wall of bone between the root of the tooth and the sinus, but it can be VERY thin. Most of the time, the bone remains intact, but upon occasion, a piece of the bone separating the root from the sinus may break off and be removed with the tooth. This creates a direct connection between the sinus and the mouth. You would not be able to suck on a straw, because air would rush into your mouth from your nose through the socket. In the case of very large perforations, a further surgical procedure may be necessary and the patient may be referred to an oral surgeon.

# Information for Denture Patients

## How dentures are made:

The dentist will take an impression of your jaw, along with measurements of how your jaws relate to one another and how much space is between them (bite relationship). The color (shade) of your teeth will also be determined either from your natural teeth or a denture you may already be wearing. The impression, bite, and shade are given to the dental laboratory so a denture can be made just for you.

The dental laboratory makes a mold (model) of your jaw, places the teeth in a wax base, and carves the wax to the exact form in the finished denture. Any cosmetic adjustments to your preference can be made at this time if you choose to get the "cosmetic try-in" denture.

A mold of the wax-up denture is made, the wax is removed and the remaining space is filled with pink plastic in dough form. The mold is then heated to harden the plastic. The denture is then polished and ready for the patient to wear.

## Wearing your dentures:

It usually takes a little while to get used to wearing a new denture. You may have to return to the dentist for minor adjustments, but after a few weeks you should be more at ease with the new denture.

Keep in mind that over time, your mouth will change. The bone and gum areas may shrink or recede, causing the space between the jaws to change. Because your denture keeps its shape, adjustments will be needed to keep your denture fitting properly. It is advisable that the denture wearer be examined every five to seven years for new dentures.

New denture patients often ask why the lower dentures seem so loose. Your lower plate, unlike the upper plate, has no suction. The gum of the upper plate makes an automatic suction with the roof of your mouth. The lower plate has no roof so it cannot create suction. You will need to learn to keep your lower plate in with your muscles and tongue.

## New dentures:

New dentures may feel awkward for a few weeks until you become accustomed to them. The dentures may feel loose while the muscles of your cheek and tongue learn to keep them in place. It is not unusual to experience minor irritation or soreness. You may find the saliva flow temporarily increases. As your mouth becomes accustomed to the new dentures, the problems should diminish. One or more follow-up visits with the dentist are generally needed after a denture is inserted. If any problem persists, particularly irritation or soreness, you should return to your dentist for a denture adjustment.

## Cleaning your Denture

1. Rinse your denture thoroughly after every meal.
2. Clean your denture thoroughly at least once a day, using a toothbrush and nonabrasive denture cleanser. Don't use alcohol, abrasive cleaners, bleaches, whiteners, or boiling water to clean or soak your denture.
3. Complete dentures normally should not be worn at night. They should be removed and store in normal tap water or in denture cleaning solution. Dentures can dry out and distort if they are left outside a moist environment.
4. To prevent breaking your dentures, brush them over a towel or over a sink half-filled with water. Lightly brush dentures with a soft nylon toothbrush or denture brush.
5. Massage gums daily with a soft toothbrush. Any sore red areas, burning sensations, white patches or growths need to be brought to the attention of your dentist. You still need to be seen by a dentist regularly even with complete dentures to check your mouth and to be sure your dentures fit correctly.

*Dentures are very delicate and may break even if dropped even a few inches.*

*When you are not wearing them, store your dentures away from children and pets.*

*Dentures can be warped if placed in hot water.*

## Denture Adhesive

Denture adhesive can provide additional retention for well-fitting dentures. Denture adhesives are not the solution for old, ill-fitting dentures. A poorly fitting denture, which causes constant irritation over a long period, may contribute to the development of sores and other more serious problems.

## Dentures and the way that you speak

Pronouncing certain words may require some practice. If your dentures "click" while you are talking, speak more slowly. You may find that your dentures occasionally slip when you laugh, cough, or smile. You may reposition the denture by biting down and swallowing. Adjusting to this will take time, practice, and patience.

377 West Palmetto Street  
Florence, South Carolina 29501  
(843) 662-2543

Sexton Dental Clinic, Inc.

905 Medical Circle  
Myrtle Beach, SC 29577  
(843) 449-0431



## IMMEDIATE “Temporary” DENTURES

Suppose your remaining teeth unfortunately are not restorable and cannot be utilized in any way to support a partial prosthesis:

If you were to have a traditional denture made, it would be necessary to have all of these teeth extracted first. The bone and gums would have to heal and then a denture could be fabricated. This process could take several months, if not longer, and for that time period you would have to go around without teeth. In order to avoid this type of problem, we utilize an Immediate Denture. This involves taking impressions of your mouth while your teeth are still present. At the time your teeth are extracted, we have a denture ready to be inserted. In this way, you would not have to walk around without teeth. **Immediate dentures do present certain situations which you should be aware of:**

\*\*If a patient has multiple extractions, it is not possible to do a wax try-in. The denture teeth are placed in about the same position as the natural teeth before extractions. Even though the denture teeth will be straight, and clean, their position may not be ideal because there is no way to preview them as we do with try-in dentures. For this reason, the appearance of the immediate denture may not be exactly what you expect, and you may wish to invest in a new one at the end of about a year when most of the healing has taken place.

\*\*An immediate denture is a temporary denture. After the natural teeth are extracted and the immediate denture is inserted, there is a relatively fast loss of the bone that used to hold the natural teeth in place. After a few weeks or possibly in a few days, enough bone has been lost that there is a LOT of space between parts of the denture and the healing gums. This may lead rapidly to looseness and some/many sore spots. It is probable that patients with immediate dentures will need to use an adhesive. After three months, the denture may need to be relined. The hard reline is a separate procedure and is not included in the original cost of the immediate denture. Thus the immediate denture may end up costing a bit more than standard dentures.

The following are some suggestions that will aid you in making a speedy recovery:

- Do not rinse your mouth for the first 24 hours or until clotting has established.
- Do not eat or drinking anything too hot. Cool or cold liquids only. No carbonated drinks.
- No alcoholic beverages or smoking following surgery.
- Do not eat hard foods or brush the area of extractions for a few days.
- Eat soft foods, custards, gelatins, milkshakes, etc. or prepare meals in a blender.
- Drink plenty of fluids the first few days, but do not use a straw.
- Apply ice bags to the area for the first 18 hours following your surgery. After that apply heat, but be careful not to burn yourself. Use the ice and heat as directed.
- Plan on taking some time off. You will recover much faster by resting and following instructions.
- Diet supplements such as “Boost” can be found in grocery stores and pharmacies. We suggest using these to supplement your diet while healing.
- Do not take any prescription medicines on an empty stomach unless directed by your pharmacist or dentist.
- Take all medication as prescribed.

For other post-operative instructions and suggestions, please refer to the “Post Operative Instructions” given to you after your extractions.

**Patients will need to return at 3 months after having immediate dentures made for a reline (at no charge). A new denture will probably be necessary in approximately one year.**

## SEXTON DENTAL CLINIC INC.

**Privacy Officer:**

**Effective Date:**

### **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 care about our patients' privacy and strive to protect the confidentiality of your medical information at this practice. Federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice, please contact the Privacy Officer at this practice.

#### **Who Will Follow This Notice**

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

#### **How We May Use and Disclose Medical Information About You**

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

**For Treatment.** We may use and disclose medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications we prescribe for the treatment process.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or third party. Example: We may need to send you protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

**For Health Care Operations.** We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

**Persons Involved in Your Care.** We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. Example: if the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

**Required by Law.** We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. Example: state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

**National Priority Uses and Disclosures Made Without Your Consent or Authorization.** When permitted by law, we may use or disclose medical information about you without your permission for activities that are recognized as "national priorities." The government has determined that under certain circumstances, it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. Some examples include:

- Law enforcement or correctional institution, such as required during an investigation by a correctional institution of an inmate;
- Threat to health or safety, such as to avert or lessen a serious threat;
- Workers' compensation or similar programs, such as for the processing of claims;
- Abuse, neglect or domestic violence, such as if you are an adult and we reasonably believe you may be a victim of abuse;
- health oversight activities, such as to a government agency to investigate possible insurance fraud;
- Court or legal proceedings, such as if a judge orders us to do so;
- Research organizations, such as if the organization has satisfied certain conditions about protecting the privacy of medical information;
- Coroner or medical examiner for identification of a body;
- Public health activities, such as required by the US Food and Drug Administration (FDA); and
- Certain government functions, such as using or disclosing for government functions like military and veterans' activities and national security and intelligence activities.

#### **Uses and Disclosures of Protected Health Information Requiring Your Written Authorization**

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission) from you or your personal representative:

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer.

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will thereafter no longer use or disclose medical information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we have provided you.



## Your Individual Rights Regarding Your Medical Information

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775  
Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**Right to Request Restrictions on Uses and Disclosures.** You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment of healthcare operation (and is not for purposes of carrying out treatment); and
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

**Right to Request Confidential Communications.** You have the right to request how we should send communications to you about medical matters, and where you would like those communications sent. To request confidential communications, you must make your request to the Privacy Officer at this practice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at this practice. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at this practice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the information was not created by us, is not part of the medical information kept at this practice, is not part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

**Right to an Accounting of Disclosures We Have Made.** You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an Accounting Request Form, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Center.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request inclusion of disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

**Right to Request an Alternative Method of Contact.** You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an alternative Contact Request Form. Alternative Contact Request Forms are available from our Privacy Officer.

**Right to Notification if a Breach of Your Medical Information Occurs.** You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

**Right to Opt-Out of Fundraising Communications.** If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you choose to do so.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice, please request one in writing from the Privacy Officer at this practice.

## Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, with the effective date in the upper right corner of the first page.