

Office Policy & HIPAA

Thank you for becoming a patient of High Forest Dental. Before we move forward in our relationship, we would like to make you aware of our office policies. We have these policies in place to better serve you and to be able to provide dental care in a comfortable, mutually respectful environment. **Please read carefully so that you are fully aware of all your responsibilities as a patient.**

- **Late policy:** We do not see patients **more than 15 minutes late** for their appointment. If you have extenuating circumstances, please call our office no more than 10 minutes after your appointment time to let us know. This policy is to prevent our next patients, who arrive on time, from waiting to be seen.
- If you need to cancel an appointment, **we require 48 business hours notice.** We understand emergencies happen. Please call us as we are willing to work with you; however, we require that you be respectful of the time that we reserve for your appointment and our other patients who may have wanted that appointment time.
 - **Our office provides email and text message reminders.** Please let us know which you prefer or if you want both. Should you need to cancel or change an appointment, **you must call our office to do this.**
- If you do not give 48 hours notice, are more than 15 minutes late, or simply do not show up to your scheduled appointment, there is a **\$50 charge/hr** we have reserved for your appointment. **Please call us should you need to cancel an appointment.**
- **Fees and copays are due at the time service is performed.** Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. We submit claims for you at no charge and as a courtesy. We do our best to give accurate estimates; however, insurance companies can be unpredictable and our estimates are exactly that...estimates, fees are subject to change. While we do all that we can to verify your insurance before your appointment, you as the patient are ultimately responsible for ensuring you receive insurance coverage at our practice if this is important to you. **Ultimately, you are responsible for all payment not covered by your insurance company.**
 - If you have concerns about payment and cost of treatment, we recommend that you contact your insurance company to learn more about your plan coverage.
- For accounts that are over **60 days late**, an interest charge of **1.5% will be added monthly, which is 18% APR yearly.** Accounts which are **over 90 days delinquent** will be sent to collections. You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of **30% of the debt**, and all costs and expenses, including reasonable attorneys' fees, we incur in such collection efforts.
- **New patient exams will take 1.5 hours.** Please ensure that you have enough time for the entire appointment.

Consent: I have read and understand all of the above information. The undersigned hereby authorizes the Doctor to perform those diagnostic and treatment procedures, including local anesthetic as deemed necessary. If I ever have any change in my health or medication, I will inform the Doctor at the next appointment. For insured patients, my signature below authorizes release of dental records to my insurance company.

Patient signature: _____

Patient name: _____

Date: _____

HIPPA Notice

This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information. Please read carefully.

We understand that the privacy of your personal information is important to you. As your Dental office, we believe your right to privacy is a fundamental part of your treatment, as such, we want you to understand our privacy practices and procedures. Should you have any questions regarding these policies, please do not hesitate to call the office at 303-932-0200.

Information We Collect About You

We collect personal information about you and your family as part of our new patient process and during the course of your care, and from other health care entities you utilize such as other Dentists and specialists, imaging facilities, laboratories, and your insurance company. This personal information includes terms such as your name, address, phone number, birth date, social security number, employer, health history, insurance policy and coverage information and any information you provide. During the course of your treatment we will collect Dental Information regarding diagnosis, treatment, progress and any test results or films.

How Your Information is Used

The personal and health information gathered may be used and disclosed with your general consent for purposes of treatment, payment, or routine healthcare operations. This means we may send your information to other Dentists, or facilities involved in your treatment as well as your insurance company or collection agency to obtain payment. Any other uses of your information require a signed authorization by you, the patient or guardian and can be revoked at any time with written request. High Forest Dental does not sell patient information to marketing or pharmaceutical companies. In certain cases of public health interest we may be required to disclose certain information to local, state, or nations health organizations or government agencies. We may contact you to provide appointment reminders or information about treatment.

Safeguarding your Personal Health Information

We are required by law to (1) make sure that medical information that identifies you is kept private (2) provide you with our office policy (3) follow the terms laid out in the privacy policy. As a means of protecting your privacy, we restrict access to your personal and health information to only those employees who require the information to complete their jobs and provide quality service to you.

High Forest Dental maintains physical, electronic and procedural safeguards to comply with state and federal regulations that guard your personal and health information. If you feel your privacy has been violated you have the right to file a complaint with the Department of Health and Human Services. The complaint in no way influences your course of treatment at High Forest Dental.

Changes to our Privacy Policy

All new patients will review a copy of our privacy policy. High Forest Dental occasionally reviews its privacy policy and reserves the right to amend it. Notifications of changes will be available at the front desk prior to the effective date of any changes.

Your Right to Restrict use of Information

You have the right to request restrictions to our uses or disclosures of your personal or health information, although we are not required to agree to those restrictions. Once your request has been processed it will remain in effect until you request a change.

Patient signature: _____

Patient name: _____

Date: _____