

David M. Juliani D.D.S PLLC
441 South Livernois Ste 185
Rochester Hills, MI 48307

**NOTICE OF PRIVACY PRACTICE
PATIENT ACKNOWLEDGEMENT
CONSENT FORM**

Effective April 2003, the new federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires offices to comply with certain rules regarding the maintenance of the privacy of your information collected today and in the future.

This notice describes how health/medical/dental information about you may be used and disclosed and how you can access this information. Please review it carefully.

Our practice is required by law to protect the privacy of its health/dental information and to advise you of your legal rights as to how we maintain any and all records pertaining to the care and services you receive in our office. You have the right to receive adequate notice of all uses and disclosures by our practice.

It is our obligation to describe situations that pertain to how we may use personal and medical/dental information about you.

- Treatment referrals to specialists or other health care providers.
- Insurance billing or third party communications.
- Public health safety issues.
- Litigation/Judicial or Administrative matters.
- Law enforcement.
- National security issues.
- Workers Compensation matters.
- Forensic Identification.
- Military Service.
- State or Federal Corrections Institutions.
- Health Oversight activities- audits, inspections, investigations
- Healthcare Operations- licensing activities

You have the right to request restrictions on certain uses which will be documented in your record. You will be notified if legal or judicial matters supersede this request.

Your rights include:

- Access to your health information with limited exceptions.
- Request a Restriction on our use or disclosure of your health information
- Request alternative communication
- Notice of any breach of your protected health information as required by law

We want you to feel comfortable in knowing that all of your personal, dental, and medical information is protected by our office. At no time has your information been sold to an outside source for solicitation, nor will it ever be.

This policy is effective April 15, 2003 and is a direct result of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. We reserve the right to change any or all of the above policies as dictated by law.

Please feel free to direct questions regarding these policies to any one of our team members.

Thank you for allowing us the opportunity to care for the dental needs of your family. The enclosed information is for your benefit and will answer many of the questions that you may have about our office policies. Please take a few moments to review this information. We will be happy to address any concerns that you may have.

Financial Policy

We are a fee for service practice, this means that payment is due in full at the time of service. Before each appointment you will be given an estimate of charges for your next visit. Your insurance coverage is an agreement between you and your insurance carrier. **We will gladly submit any paperwork for you but ask that all estimated deductibles and co-payments are paid in full at time of service. We accept cash, personal checks, Visa, MasterCard, Discover and American Express for your convenience.** We also offer Care Credit, a payment options that allow you to postpone your payments, and not your service. Please ask for more details on this unique service.

Appointments

We have set our office hours to allow you to appoint your visits as conveniently as possible. We respect your busy schedule and time. We ask that you return the favor. While we understand emergencies do occur, we cannot tolerate multiple no shows or cancellations. If you must cancel an appointment, please allow at least 24 hours notice so that we may appoint another patient who needs our attention. **We reserve the right to charge \$25.00 for all no shows or cancellations within 24 hours of your scheduled appointment.**

Children

Children under the age of eighteen years old are not allowed to make decisions regarding their dental care without the consent of a parent or guardian. Therefore we ask that parents remain in the office while children are being treated. Please reassure your children of the positive aspects of dentistry regardless of your personal experiences. In many cases parents and siblings are the only exposure to dentistry a child may have before their first appointment. We find that most children behave better when a parent is not present in the treatment room during care. If your child is extremely apprehensive, or you have questions about this policy, please feel free to ask. Thank you for your time.

Infection Control Policy

It is our goal to protect ALL of our patients from infectious disease. We use the highest standard of instrument sterilization (steam autoclave) known to the industry. We barrier protect (cover with plastic) all high contact surfaces and use many disposable products to prevent and minimize any in office exposure. All staff members are routinely tested for infectious disease and any staff member with direct patient contact has been vaccinated for hepatitis B and D.

Sharps incidents (cuts or needlesticks) do occur. In most cases this happened after you have left, when clean up and disinfection begins. The Occupational Safety Hazard Administration (OSHA) has given the medical profession the following guidelines to follow in the event Dr. Juliani, or any staff member is exposed to your blood or bodily fluids. We will ask that you have blood drawn and consent to HIV/Hepatitis C testing. This will give us a baseline status of your health and ensure us that we have not been exposed to a potentially infectious disease. If you would like, we will be happy to do the same for your peace of mind. We will arrange billing through our office so there will be NO cost to you. Again, in most cases the patient has not been exposed and is at NO risk. These guidelines are intended to protect our staff and the medical community in the event an exposure occurs. We ask your understanding in this matter. When an exposure does occur, it is a very anxious time for all parties involved. Please place yourselves in our position. By submitting a blood sample you are easing our concerns and preventing our staff members from one year of continual testing. If you have any questions please feel free to ask.

Insurance Payment for Composite Fillings

Some insurance companies are considering composite fillings to be cosmetic, rather than the superior treatment it truly is. Therefore, they are substituting payment at the amalgam (silver) filling rate. **As a result, you may be responsible for a portion of the charge for composite fillings in the back teeth.** Even if you have dual insurance and have never had to pay anything before, you will be billed for the difference if your secondary insurance does not pay the full amount due. In most cases this charge is minimal.

We do our best to take this into consideration when estimating what your insurance company will pay for a composite filling and, as always, we will continue to provide you the best dental treatment available.

Individuals Involved in Your Care or Payment for Your Care

We may disclose your health information to your family, friends, or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Questions and Complaints

If you would like more information about our privacy practices or have questions or concerns, please feel free to contact us.

If you are concerned that we may have violated your privacy rights in any way you may submit a written complaint to our Privacy Officer listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We can provide you with the address to file your complaint upon request.

Privacy Officer: Melody Day

Telephone: 248-651-2273 Fax: 248-651-2976

Address: 441 South Livernois Ste 185

Rochester Hills, MI 48307

E-mail: djulianids@comcast.net

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Patient Acknowledgement

Please sign this form to acknowledge that you have today either received or reviewed a copy of our notice of privacy practices.

I acknowledge that I have today received/reviewed a copy of the Notice of Privacy Practices.

_____ Patient Signature	_____ Print Name	_____ Date
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I am also signing this for my minor children:

_____	_____
_____	_____

Patient Consent

Please sign this form below to consent to our disclosures of your information that we deem necessary in order to provide you with proper treatment.

I consent to your disclosures of my information, which you deem are necessary in connection with my treatment. I understand that such disclosures may not be of the type listed above.

_____ Patient Signature	_____ Print Name	_____ Date
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I am also signing this for my minor children:

_____	_____
_____	_____

Communication Consent

In the event I cannot be reached to discuss treatment, appointments, financial arrangements, insurance benefits, or any other concerns from the office, I consent to the information being left via message on one of the numbers listed in my chart.

_____ Patient Signature	_____ Print Name	_____ Date
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I am also signing this for my minor children:

_____	_____
_____	_____