



Dr Felipe Moreno DMD
Dr Matthew Miner DDS

Consent for Treatment

I hereby give my consent to Epic Dental to treat my child which may include the following dental procedures; complete dental examination, prophylaxis (cleaning), fluoride treatments, radiographs, sealants, study models and other diagnostic/preventative aids deemed necessary by Epic Dental to make a thorough diagnosis of my child's dental needs.

I authorize Epic Dental to provide any information to other doctors (physicians, dentists and etc.) for the purpose of consultation. I understand that prior to providing treatment I will be advised about such treatment, that I may ask questions concerning the treatment and I may revoke this consent **before** treatment is provided.

For future appointments, if you are planning to send your child with someone other than yourself the parent/guardian, please provide the following information.

Name of authorized person(s) to accompany my child to future visits:

- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____

Parent/Guardian Signature

Date

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact our Privacy Officer at the number listed at the end of this Notice. Each time you visit a healthcare provider, a record of your care is created. Typically, this record contains medical/dental information such as your symptoms, examination, test results, diagnoses, treatment and/or treatment plan and billing-related information. This information is considered protected health information (PHI).

This Notice is intended to advise you about the ways we may use and disclose medical information about you. It also describes your rights and certain obligations with regard to your medical information and applies to all of the records of your care generated by your healthcare provider(s) for our organization.

Our Responsibilities

Epic Dental is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect immediately and will remain in effect until we replace it. We are required by law to abide by the terms of this Notice and notify you if changes are made. We reserve the right to make changes to the Notice and make the new provisions effective for all protected health information we maintain.

Copies of our Notice are available in our main reception area(s) and on our website. You may request a copy of the NPP at any time

How We May Use and Disclose Medical Information About You. We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

For Treatment: We may use and disclose your health information for your treatment. For example, we may disclose your health information to specialists, dentists, nurses, physicians, technicians, dental laboratories, imaging centers, dental students, or other personnel who are involved in your care. We may communicate your information using various methods, orally, written, facsimile and electronic communications. We may provide other healthcare professionals who contribute to your care with copies of various reports and information to assist him/her and ensure that they have appropriate information regarding your condition /treatment plan and diagnosis.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. Examples may include contacting your insurance company for referrals, verification or preapproval of covered services.

For Health Care Operations: We may use or disclose, as needed, your health information in order to run EPIC Dental. These activities may include, but are not limited to quality assessments, staff performance, licensing, legal advice, accounting support, information technology systems support and patient contact service.

Business (BA): Provide services for our organization through written contracts and/or service agreements. Examples of these services include billing, collections, shredding and software support. We may disclose your health information to a BA so they can perform the services we have asked them to do such as billing your third-party payer for services rendered. The BA is also required by law to protect and safeguard your health information which is clearly defined through our Business Associate Agreement and written contracts/service agreements.

Breach Notification: In the event that there has been a breach of unsecured protected health information (PHI) identified on behalf of our organization or a BA you will be notified within at least 60 days of the breach. In addition to your individual notification we may be required to meet further reporting requirements set forth by state and federal agencies.

Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We will not use and disclose information without your written authorization, except as described in this Notice or as required by applicable laws.

Written authorization is required for, most uses and disclosures of psychotherapy notes; PHI for marketing purposes unless we speak with you and disclosures that constitute a sale of PHI. If you provide an authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your authorization.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps to pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Future Communications: We may communicate with you via newsletters, mailings, texting or other means regarding treatment options and information on health-related benefits or services; to remind you that you have an appointment; or other community based initiatives or activities to include limited marketing or fundraising initiatives in which our facility is participating. You have the right to **opt out** at any time **if you are not interested in receiving these communications or methods of communications.** Please contact our Privacy Officer. Marketing and Fundraising initiatives, if applicable are limited and may require a separate authorization

Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object. We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include: **As required by law:** We may use and disclose health information to the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- Authority that receives reports on abuse and neglect

If you are not present, able to agree or object to the use or disclosure (such as in an emergency situation), then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

State-Specific Requirements: Many states have reporting requirements that may include population-based activities relating to improving health or reducing health care costs, cancer registries, birth defect registries and others.

Your Health Information Rights

Although your health record is the physical property of the practice that compiled it, you have the right to:

Inspect and Copy: You and/or your personal representative have the right to inspect, review and receive a copy of your medical information. Electronic copies are available and may include various electronic means such as a patient portal or other reasonable accommodations requested. We may deny your request to inspect and copy in limited circumstances to include release of psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If you are denied access to medical information, you may request that the denial be reviewed.

Requests to Copy and/or a review must be submitted in writing to Epic Dental . There will be a fee charged for all applicable copying and producing copy of portable media (CD, USB) up to the maximum amount allowed as prescribed by governing law.

Amend: If you feel that the medical information we have is incomplete or incorrect, you may ask us to amend the information by submitting a request in writing.

An Accounting of Disclosures: You have the right to request an accounting of our disclosures of your health information; the list will not include disclosures to carry out treatment, payment and health care operations. EPIC Dental will provide the first accounting to you in any 12-month period without charge, upon receipt of your written request. The cost for subsequent requests for an accounting within the 12-month period will be up to the maximum amount prescribed by governing law.

Request Restrictions: You have the right to request a restriction or limitation of your health information we use or

disclose about you for treatment, payment or health care operations. **Restrictions from your health plan (insurance company):** You have the right to request that we restrict disclosure of your medical information to your health plan for covered services, provided the disclosure is not required by other laws. If you paid **out-of-pocket** (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations. **Other Restrictions, Limiting Information:** You also have the right to request and limit any medical information we disclose about you to someone who may be involved in your care or the payment of your care, such as a family member or friend. We ask that you submit these requests in writing. We may not agree or be required to agree to your request(s) for specific reasons, if this occurs, you will be informed of the reason(s) for the denial.

Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request that we use an alternate phone number or address. We ask that you submit these requests in writing. We may contact you to remind you of your appointment by telephone or reminder card unless requested otherwise.

Email and texting communication requests if applicable may require a separate authorization. To exercise any of your rights, please submit your request in writing to the practice's privacy officer indicated below.

For More Information or to Report a Problem

If you have questions and would like additional information please contact the Privacy Officer. If you believe that your (or someone else's) privacy rights may have been violated, you may file a complaint with the Privacy Officer at the contact number below or with the Secretary of Health and Human Services at 800-368-1019. Further instructions for filing a complaint can also be found at www.hhs.gov/ocr. All complaints must be submitted in writing within 180 days of when you knew that the act or omission occurred. There will be no retaliation for filing a complaint.

Telephone Number: **781-349-4750**

Privacy Officer: Beth Suriani; Practice Administrator
Security Officer: Beth Suriani

Notice of Privacy Practices



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**Health Insurance Portability and
Accountability Act of 1996
(2001, 2003 and 2013)**

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Prepared by LD&A and HARLLC. Given the complexity of the HIPAA Privacy, Security and HITECH laws this information is prepared as required by law and with the understanding that LD&A and HAR LLC are not engaged in rendering legal services or advice.

HIPAA PRIVACY STANDARDS

Acknowledgement of Receipt of Notice of Privacy Practices

EPIC DENTAL
(Practice Name)

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

****You May Refuse to Sign This Acknowledgment of Receipt****

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
