

PRIVACY NOTICE

Healthcare Insurance Portability
And Accountability Act (HIPAA)



This privacy notice is effective as of the date of your signature. If you have any questions about the information in this Notice, please ask for our Privacy Contact Person or direct your questions to this person at our office address. Thank you.

PRIVACY CONSENT

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. Prior to commencing your orthodontic treatment you should review, sign and date this form.

Your protected health information (i.e., individually identifiable information such as names, dates, phone/fax numbers, e-mail addresses, home addresses, social security numbers, and demographic data) may be used in connection with your treatment, payment of your account or health care operations (i.e., performance reviews, certification, accreditation and licensure).

You have the right to review our office's privacy notice prior to signing this Consent, a copy of which was given to you with this Consent.

You have the right to request restrictions on the use of your protected health information; however, we are not required to, and may not, honor your request.

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 the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including 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 provide the new Notice at our practice location, and we will distribute it upon request.

You may revoke this Consent at any time in writing; however, such revocation will not be effective to the extent that any action has been taken in reliance on this Consent.

Thank you for your cooperation. Please let us know if you have any questions.

Patient Signature

(Parent/Guardian if Patient is a Minor)

Print Name

Date

CONSENT TO CONFIDENTIAL MEDICAL INFORMATION

I hereby authorize David McInnis Orthodontics to share any and all of my medical / billing information with the following people:

_____ Name	_____ Relationship	_____ Phone #	_____ Initials
_____ Name	_____ Relationship	_____ Phone #	_____ Initials
_____ Name	_____ Relationship	_____ Phone #	_____ Initials

INFORMED CONSENT FORM

Like any other treatment of the body, there are some inherent risks and limitations. Feel free to ask for clarification regarding any of the following:

(INIT:) **PATIENT CO-OPERATION** – The most important factor in completing treatment on time. The insufficient wearing of elastics and removable appliances, multiple repair (loose brackets/broken appliances) appointments and canceled/missed appointments may lengthen treatment time and prevent us from obtaining the desired results. In the event of extended treatment time due to non-cooperation or a breakdown in the doctor-patient relationship, we reserve the right to discontinue treatment, discuss an addition to treatment fee, or refer you to another orthodontist.

The following may exist before, or occur during, following, or even without: orthodontic treatment:

DECALCIFICATION – TOOTH DISCOLORATION. Proper brushing, flossing, and excellent oral hygiene and plaque removal is a must. Avoiding hard, sticky foods and reducing sugar intake will help minimize decay and gum problems. It is important to brush your teeth and gums immediately after eating, and it is essential that the patient maintain their regular examinations with their family dentist during the entire treatment period.

EXTRACTIONS – TOOTH REMOVAL. We do our best to communicate before treatment if extractions are necessary. However, occasionally, we find during the course of treatment, that oral surgery or tooth extraction is necessary to complete the orthodontic treatment.

GROWTH PATTERNS – FACIAL GROWTH OCCURRING DURING OR AFTER TREATMENT. Uncorrected finger, thumb, tongue thrust or similar pressure habits, unusual hereditary skeletal patterns, insufficient or undesirable growth can lengthen treatment time and all influence the end results, effect facial change and cause shifting of teeth during or following retention. Re-treatment due to factors beyond the control of the orthodontist is NOT included in the contract.

NON-VITAL TOOTH – INJURED TOOTH. An injured tooth may flare up, discolor and even die which may lead to requiring a root canal on the tooth during orthodontic treatment. Such discoloration of a tooth may be noticed after treatment has started or following appliance removal. Devitalization is seldom due to orthodontics.

PERIODONTAL PROBLEMS – GUM INFLAMMATION, BLEEDING, AND PERIODONTAL DISEASE. Braces may impinge on the gum tissue, and failure to brush and flossing well in all areas may result in swollen, inflamed, and bleeding gums. Periodontal disease (bone loss/recession of gums) can be caused by the accumulation of plaque and debris around the teeth and gums. There are also several unknown causes that can lead to progressive loss of supporting bone and recession of the gums. Bone loss/recession of gums may increase tooth mobility and tooth loss during or after the orthodontic process. Should the condition become uncontrollable, orthodontic treatment may have to be discontinued before completion. Surgical grafting during or after orthodontic treatment may be required as well.

TEMPOROMANDIBULAR JOINTS (TMJ) – SLIDING HINGE CONNECTING THE UPPER AND LOWER JAW. Prior tooth position/angulation and misalignment of the bite can be factors in this condition, but not always. Most individuals with TMJ problems have never had orthodontic treatment. For some, an equilibration by your dentist may be recommended after appliances are removed to improve the occlusal relationship.

ROOT RESORPTION – SHORTENING OF ROOT ENDS. Under healthy conditions, the shortened roots usually are no problem. Injury, impaction, endocrine or idiopathic disorders can also be responsible.

RELAPSE – MOVEMENT OF TEETH FOLLOWING TREATMENT. Teeth have a tendency to rebound to their original position after orthodontic treatment. This is called relapse. Very severe problems have a higher tendency to relapse; the most common is crowding in the lower front teeth and slight spaces in the extraction sights or between some upper front teeth. After treatment, retainers are used to "minimize" relapse. Full cooperation in wearing these appliances is vital. When retention is discontinued, some relapse is still possible. Retainer appliances may need to be worn *indefinitely*.

UNUSUAL OCCURRENCES – Swallowing an appliance, chipping a tooth, dislodging a restoration, an ankylosis tooth, an abscess, or cyst may occur along with any other inherent risks not mentioned.

(INIT:) **REPAIR APPOINTMENTS** – Unexpected repair appointments to re-adhere loose brackets, etc. are normally conducted during school hours to allow the afternoon to be free for routine check-ups. We do understand the difficulties involved in missing school classes and ask for your flexibility and cooperation when scheduling these appointments.

Acknowledgment OF INFORMED CONSENT – I hereby acknowledge that the major treatment considerations and the potential risks of orthodontic treatment have been presented to me. I have read, agree to and understand the contents of this form.

AUTHORIZATION AND RELEASE FOR PHOTOS, AUDIO/VIDEO RECORDING, AND OTHER MARKETING PURPOSES

The undersigned hereby grants David McInnis Orthodontics the right, without fee, to make, edit, use, or display photos and audio/video recordings (images) of the above-named individual and/or patient.

These records may be used for promotional or publicity purposes and may be published in mass media publications, on the David McInnis Orthodontics website or other social media publications, shown on television presentations, and released to media outlets. The patient's and the family's name may also be used. This release is effective until revoked in writing by the undersigned. Such revocation shall be effective to prevent any expanded future use of the records from the date of revocation of consent.

Date: _____

Print Patient's Name: _____

Patient/ Guardian Signature: _____

Witness: Office Representative: _____

If Guardian, Print Name: _____