



## OFFICE POLICIES

### *Dental Office Policy:*

Before we start any dental procedure we will explain why that procedure would be best for you and precisely what we will be doing. Also our office policy is that we will not start any procedure without first making sure that your teeth are healthy. This will ensure that we have a solid base on which to build, which means that your new smile will shine for many years to come.

Patients are seen by appointment only. Dr. Mabry's office is closed on weekends, major holidays, and when we are away at continuing education programs. The office answering system is always available to take messages and to help you reach us in the event of an emergency.

Our office telephone is (617) 795-7211 or (617) 678-2513.

### *Appointment Cancellation Policy:*

If you are unable to keep an appointment, please give us two (2) working days notice to prevent a charge.

Despite careful scheduling, emergencies can cause delays. We try our best to stay on time. If your appointment time is affected due to an unforeseen emergency, we'll try to notify you. We know that your time is valuable, too. You will receive the same quality dental care no matter how our schedule is running.

### *Fees and Payment Options:*

We base our fees on our quality, expertise, time and services. We clearly list and explain all our fees during your treatment consultation visit. We ask you to pay at each visit, unless other arrangements have been made in advance of your appointment. To make payment more convenient for you, we accept cash, personal checks, Visa, MasterCard and American Express.

### *Dental Insurance Policies:*

Many of our patients have dental insurance. While your dental insurance policy is an agreement between you and your insurance company, we will be happy to assist you in preparing and sending in the necessary forms. Please remember that no insurance company attempts to cover all costs. Payment to our office remains your responsibility, regardless how much your insurance does not pay. For extensive treatments, most insurance companies require pretreatment estimates. We'll be happy to supply any information your dental insurance carrier needs and help you to receive the maximum benefits.

For patients who do not have dental insurance we offer Care Credit, please ask our office for more details.

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

## OUR LEGAL DUTY

We are required applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow privacy practices that are described in this Notice while it is in effect. This Notice takes effect of the date above, and will remain in effect until we replace it.

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 create or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

## USE AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provided to you.

**Healthcare Options:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help you with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use disclose health information to notify, or assist in the notification of ( including identifying or locating ) a family member, your personal representative or another person

responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

*Marketing Health-Related Services:* We will not use your health information for marketing communications without your written authorization.

*Required by Law:* We may use or disclose your health information when we are required to do so by law.

*Abuse and Neglect:* We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

*National security:* We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

*Appointment Reminders:* We may use or disclose your health information to provide you with appointment reminders ( such as voicemail messages, postcards, or letters ).

*Patient Rights Access:* You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, will charge you \$ —. for each page, \$ per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure).

*Disclosure Accounting:* You have the right to receive a list of instances in which we or our business associates disclosed your health information for a purpose, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost- based fee for responding to the additional request.

*Restriction:* You have the right to request that we place additional restrictions on our use and disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement ( except in an emergency ).

*Alternative Communication:* You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. { You must make your request in writing. } Your request must specify the alternative means or location, and provide satisfactory explanation how payment will be handled under alternative means or location you request.

*Amendments:* You have the right to request that we amend your health information. ( Your request must be in writing, and it must explain why the information should be amended. ) We may deny your request under certain circumstances.

*Electronic Notice:* If you receive this Notice on our web site or by electronic mail ( e-mail ), you are entitled to receive this Notice in written form.

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to request the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you chose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information:

Practice/Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Monique Mabry D.M.D. 1400 Centre Street • Suite 102 • Newton Centre • MA • 02459

Amy Orsini • 617-795-7211 • aorsini@aesthetics-in-dentistry.com

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I HAVE RECEIVED A COPY OF THIS OFFICE'S NOTICE OF PRIVACY PRACTICES.

---

*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 Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (please specify)

---

Comments: \_\_\_\_\_