

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 by 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 the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 1/1/2015, 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 created 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.

USES 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 dentist, physician, or other healthcare provider providing treatment to you.

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

Healthcare Operations: 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 disclosures permitted by your authorization while it was 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. By state law, your authorization is valid for 90 days.

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 or 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 disclose your health information when we are required to do so by law.

Abuse or 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, we may charge you \$0.83 for each page up to thirty (30) and \$0.63 for each page after thirty, a \$19 administrative fee to locate and copy your health information, and postage if you want the copies mailed to you. Radiographs (x-rays) will be duplicated at a reasonable fee. 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 purposes, 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 these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or 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 payments will be handled under the alternative means or location you request.

Amendment: 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 a 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 a request you made to amend or restrict 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 choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: Dr. Michael Flores/Ky Bryan
Telephone: (702) 242.3373
Fax: (702) 396.5318
Address: Flores Family Dental
6536 N. Decatur Blvd. Ste 120
Las Vegas, NV 89131

Flores Family Dental Office Policies

Confidential Health History

Thank you for choosing our practice for your dental health needs. We are dedicated to providing you with quality care. We respect our patient's time and attempt to schedule appointments that are convenient for you. While we always try to stay on schedule, complications and emergencies may arise with other patients that could delay us. If we are significantly delayed, we'll make every effort to notify you beforehand so you may choose to come later or reschedule. If you are going to be late, please let us know. If you are significantly delayed, your scheduled treatment may be modified or you may be asked to reschedule your appointment. Because we reserve time exclusively for each patient, we ask that, if possible, you not change your appointment. If you can't keep your scheduled appointment, we require a minimum of 48 hours notification so we can make your reserved time available for other patients. Failure to do so, will add an additional \$25.00 broken appointment fee to your account. To notify us of any change, please call our office during business hours or leave us a message.

Your First Appointment

Dr. Flores will perform a complete examination and discuss any concerns and treatment you may require. The examination will identify existing restorations, new conditions such as tooth decay, gum/periodontal disease, even failing, existing restorations. A complete set of x-rays will be taken, unless x-rays taken within the last 6 months can be provided. All the information that we obtain will be carefully evaluated so we may accurately assess your dental needs.

After your examination, the next step is the preventive oral hygiene session. At this time, you will receive oral hygiene instruction as well as a thorough cleaning by one of our awesome registered dental hygienist. Specific approaches will be recommended for your individual needs. We consider this portion of the appointment one of the most valuable services we can offer. If we find during the examination that you have periodontal disease, your appointment for hygiene may be scheduled at a later date.

Prior to leaving the office, you will meet with our treatment plan coordinator and scheduling team who will explain your treatment plan and the sequence that we recommend the treatment to be completed to achieve your oral health goals.

Finance & Insurance Policies

Payment is expected at the time services are performed. We accept cash, checks, Visa, Master Card, Discover, American Express and CareCredit. When extensive dental care is necessary or when dental insurance is involved, financial arrangements can be made with our office manager. Please ask about financing plans. Our primary concern is your oral health and well being, and we will be sensitive to your financial circumstances.

As a service to our patients, we will prepare all of the necessary insurance forms. However, we remind you that your insurance policy is an agreement between you or your employer and your insurance company, not between your insurance company and our office. We can make no guarantee of any estimated coverage, but we will do our best to see that you receive your maximum benefits. Please keep in mind that you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated. If you would like to know what your expected coverage would be, we can submit a pre-treatment estimate. Your insurer will generally send a detailed, yet *non-guaranteed*, response within four to six weeks.

As we understand things change throughout the years, we annually ask all patients to update their medical, dental, and insurance information so that we can best serve you. Our treatment plans and the financial considerations for those plans can only be as accurate as the information given to us. Although we understand that some treatment cannot be completed immediately due to finances; the estimate provided for you will expire at the end of the calendar year and will have to be re-assessed in the new calendar year due to potential changes in your insurance carrier's fees and policies.