

PRIVACY POLICY CONSENT

Bassett Creek Dental

Notice of Privacy Practices

Effective March 1, 2024

Notice of Privacy Practices: This notice describes how your dental/health information may be used and disclosed by Bassett Creek Dental and how you can get access to this information. Please review it carefully.

In the event that Minnesota State Regulations pertaining to privacy are stricter than Federal Regulations, this practice will follow Minnesota State Regulations.

YOUR RIGHTS: You have certain rights pertaining to your health information. Your rights and some of our responsibilities are:

1. Obtain an electronic or paper copy of your dental record: You may request an electronic or paper copy of your dental record and other health information we have about you. Upon written request, we will provide a copy or summary of your dental/health information within a reasonable time.

If you request a copy of your record for purposes of reviewing current dental care, we may not charge a fee.

If you request copies of your patient records of past dental care, or for certain appeals, we may charge a fee

2. Request your dental record be amended or corrected: You may ask us to correct dental/health information about you that you think is incorrect or incomplete. We may deny your request under certain circumstances. If this occurs, we will provide a written explanation within 60 days.

3. Request us to contact you confidentially: You may ask us to contact you in a specific way, for example, by home or office phone, or by sending mail to a different address.

4. Request us to limit what we use or share: You may ask us not to use or share certain health information for treatment, payment, or our operations (TPO.) We are not required to agree to your request. Such requests should be made in writing. If you pay for a service or dental/health care item out-of-pocket in full, you may ask us not to share that information, for the purpose of payment or our operations, with your dental/health insurer. We will agree unless a law requires us to share that information.

5. Obtain a list of those with whom we've shared information: You may ask for an accounting of the times we've shared your dental/health information during the previous six years from the date you ask, including who we shared it with and why. Such requests should be made in writing.

We will include all the disclosures except for those about treatment, payment, and dental care operations, and certain other disclosures such as any you asked us to make. We will provide one list/accounting per year for free but will charge a reasonable, cost-based fee if you request again within 12 months.

6. Obtain a copy of this privacy notice: You may request a copy of this notice at any time

7. File a complaint if you feel your rights are violated: You may file a complaint by contacting our Privacy Officer using the contact information at the end of this notice. We will not retaliate against you for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S. W., Washington, DC 20201, or calling 1-877-696-6775, or visiting the following website: www.hhs.gov/ocr/privacy/hipaa/complaints/.

YOUR CHOICES

1. For certain health information, you may indicate your choices about what we share:

If you have a clear preference for how we share your information in the situations described below, you may indicate these in writing. In these cases, you have both the right and choice to tell us NOT to:

- a. Share information with your family, close friends, or others involved in your care, such as your personal representative
- b. Share information in a disaster relief situation

If you are unable to tell us your preference, for example, if you were unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

2. Your authorization: If you provide an authorization in writing to permit other uses or disclosures of your dental/health information that are not described in the "Our Uses and Disclosures" section of this form, you may revoke such authorization in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

3. Fundraising: If we engage in any fundraising activities, you have a right to opt out of receiving further fundraising communications

OUR USES and DISCLOSURES

1. How we typically use or share your dental/health information: We need your consent before we disclose protected health information, except in the following scenarios, or if the disclosure is for a medical emergency and we are unable to obtain your consent.

T = Treating You We can share your health information with a provider within Bassett Creek Dental. We can use your dental/health information and share it with other professionals, such as other dentists, physicians or healthcare providers carrying out treatment we do not provide. We may ask for your consent prior to disclosures for treatment. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

P = Payment/Billing We can use and share your dental/health information to bill and get payment from health plans or other entities. We may ask for your consent prior to disclosures for payment. Example: We give information to your health insurance plan so it will pay for your services.

O = Organizational Operations We can use and share your dental/health information in connection with our healthcare operations to run our practice, improve your care, and contact you when necessary. We may ask for your consent prior to disclosures for organizational operations. Examples of healthcare operations can include: business planning, management and administrative services, quality assessment/improvement and licensing activities, and evaluating our dental professionals and job performance activities.

2. Other uses and disclosures for sharing your dental/health information: We are allowed or required to share your information in other ways that contribute to the public good, such as public health and research. We must meet many conditions required by law before sharing your information for these purposes.

a. Public health and safety: We may share information about you for certain public health and safety situations such as: preventing disease; helping with product recall; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; disaster relief efforts, and preventing or reducing a serious threat to anyone's health or safety.

b. Research: We may use or share your information for health research

c. To comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services

d. Respond to organ and tissue donation requests

e. Work with a medical examiner or coroner

f. Address workers' compensation, law enforcement, and other government requests

g. Respond to lawsuits and legal actions: We can share dental/health information about you in response to a court or administrative order, or in response to a subpoena. We will consult legal counsel upon receipt of such documents.

h. Other State Law considerations: We are required to describe any state or other laws that require greater limits on disclosure. For example, we will not share any substance abuse, HIV/AIDS, or psychotherapy treatment records without your written permission.

3. Electronic Communication and Appointment Reminders: We may use or disclose your health information when contacting you to remind you of a dental appointment or other purposes relating to your treatment at Bassett Creek Dental. We may contact you by using a postcard, letter, phone call, voice message, text message or email communication.

4. Cases in which we will never share your information: We will not sell your information or use it for external marketing purposes.

OUR RESPONSIBILITIES

1. Maintain privacy & security: We are required by law to maintain the privacy and security of your protected health information.

2. Inform you if a breach occurs: We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

3. Follow notice practices: We must follow the duties and privacy practices described in this notice and give you a copy of it.

For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective Date & Changes To the Terms of This Notice The effective date of this Notice of Privacy Practices is March 1, 2024 and will remain in effect until a revised version replaces it. We can change the terms of this notice and such changes will apply to all your information we have, including health information we created or received before any notice changes. Revised notices will be available upon request, in our office, and on our website.

Privacy Officer Contact Information:

Abigail Wesley

Bassett Creek Dental

5851 Duluth Street Suite 100

Golden Valley, MN 55422

Phone: (763) 546-1301

Fax: (763) 546-0905

Patient's signature:

Date:

FINANCIAL POLICY

FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment. It is our hope that this policy will facilitate open communication between us and help avoid potential misunderstandings, allowing you to always make the best choices related to your care.

INSURANCE:

Please remember your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, our office provides certain services, including a pre-treatment estimate which we send to the insurance company at your request. It is physically impossible for us to have the knowledge and keep track of every aspect of your insurance. It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

Please be aware some or perhaps all of the services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays any portion.

We are non-participating with all Minnesota Health Care Programs (MHCP) coverage. This includes but is not limited to the following programs: MinnesotaCare, Medicaid, Prepaid Medical Assistance Program (PMAP), Minnesota Senior Health Options (MSHO), Minnesota Senior Care Plus (MSC+), and Special Needs Basic Care (SNBC). Services received at our office are considered non-covered under MHCP and *no claims for payment in any form may be submitted* to these programs. We will hold you financially responsible for all services completed.

PAYMENT:

Understand that regardless of any insurance status, you are responsible for the balance due on your account. You are responsible for any and all professional services rendered. This includes but is not limited to: dental fees, surgical procedures, tests, office procedures, medications and also any other services not directly provided by the dentist.

FULL PAYMENT is due at the time of service. If insurance benefits apply, ESTIMATED PATIENT CO-PAYMENTS and DEDUCTIBLES are due at the time of service.

FOR NON-INSURED TREATMENT, payment in full is due at the time of service. A 5% savings will be given when paid *in full* by cash or check (2% if paid by credit or debit card). An additional 5% savings will be applied for seniors aged 65 and older. This savings applies only if the existing account balance is zero.

For your convenience we accept the following forms of payment: cash, check, VISA, MasterCard, Discover, American Express and Care Credit. A \$35 fee will apply if your check is returned by your bank for any reason.

ALL MONTHLY STATEMENTS ARE DUE AND PAYABLE UPON RECEIPT, unless prior financial arrangements have been made. A finance charge of 18% annually (1.5% per month) will begin accruing on outstanding balances after 60 days. Unpaid balances older than 90 days will be subject to collection activity. If your account is sent to a collection agency you will be responsible for paying all costs incurred for the collection of past due balances, including collection agency fees, attorney fees, and all other costs involved in litigation.

MISSED APPOINTMENTS:

Unless we receive notice of cancellation 48 hours in advance, you may be charged a \$100 fee for the missed appointment. Please help us maintain the highest quality of care by keeping scheduled appointments.

PLEASE CONTACT OUR FINANCIAL COORDINATOR WITH QUESTIONS REGARDING YOUR ACCOUNT.

I have read, understand and agree to the terms and conditions of this Financial Agreement.

Patient's signature:

Date: