

Are you allergic to or have you had any reactions to the following?

- Local Anesthetics (ie Novocaine)
- Other Antibiotics (ie Erythromycin, Tetracycline)
- Food Allergies
- Sulfa Drugs
- Any Metals (Nickel, Mercury, etc)
- Penicillin or Amoxicillin
- Aspirin
- Codeine
- Latex

Other:

Are you pregnant?

- * Yes No

Are you nursing?

- * Yes No

Do you have any artificial joints?

- * Yes No

If "Yes" which joint(s), date of placement(s), and surgeon:

- *

If you answered Yes:

I, the above named patient, acknowledge that my surgeon may prescribe an antibiotic pre-medication prior to dental procedures. I acknowledge it is my responsibility to consult with them regarding pre-medication and follow their recommendations.

Do you take or have you ever taken a bisphosphonate medication (used for osteoporosis and/or chemotherapy) such as Fosamax, Actonel, Boniva, Prolia, Reclast, Didronel, Binosto, Atelvia, Skelid, Zometa, Aredia, or Aclasta?

- * Yes No

Primary Physician's Name and Name of Clinic:

- *

Have you been hospitalized in the past five years?

* Yes No

Do you have any medical conditions that prohibit you from having your blood pressure taken?

* Yes No

If marked yes to either of the previous two questions please explain:

*

Is there any other condition that should be made known?

*

Do you snore?

* Yes No

Do you have sleep apnea and/or have had a sleep study?

* Yes No

If "Yes" please explain:

*

Do you now or have you ever used any tobacco products?

* Yes No

If "Yes", how much and how often?

*

Response Date:

Dr. Heather L. Skari Family Dentistry

4110 40th St S Ste. 103

Fargo, ND 58104

www.skarifamilydentistry.com

(701)293-7996

office@skarifamilydentistry.com

Response Date:

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I received or been offered a copy of the Notice of Privacy Practices of Dr. Heather L. Skari. I hereby authorize, as indicated by my signature below, Dr. Heather L. Skari to use and disclose my protected health information for any necessary clinical, financial, and insurance purpose, as authorized in the Patient Consent form.

Patient Name: * *
Last First MI Preferred Name

Please list authorized persons with whom we may discuss your Protected Health Information (PHI) such as appointments, finances, and treatment.

Please notify us if you desire to remove a name from this list in the future.

Please specify: first & last name and relationship to patient

*

I authorize the office of Dr. Heather L. Skari to correspond with me regarding my PHI via:

* Telephone Voicemail Text Message Email

* I have received a copy or been offered a copy of Dr. Heather L. Skari Family Dentistry Notice of Privacy Practices.

* By checking this box, I, the undersigned person, acknowledge that I am the above named patient or that I am the legal guardian of the above named patient.

Below is For Office Use Only:

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other - Please specify below in box:

Response Date:

Heather L. Skari, D.D.S., PC

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

Heather L. Skari, D.D.S., PC, hereafter referred to as “Practice,” is committed to preserving the privacy and confidentiality of your health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information, hereafter referred to as “PHI,” to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. 45 CFR§ 164.520. This Notice has been revised to conform to HIPAA’s Final Rule referred to as the “Omnibus Rule” published 01/25/13. This notice replaces previous versions of the Notice and is effective 05/07/2014. You may access or obtain a copy according to the following options: 1) our website at www.skarifamilydentistry.com 2) contact the office and request a copy to be sent to you by mail or email, 3) request a copy at the time of your next appointment.

1. USES & DISCLOSURES OF PHI: How We

Use Your Information: Your PHI may be used and disclosed by our Practice’s dentist, administrative and or clinical staff and others outside of our Practice who are involved in your care and treatment for the purpose of providing healthcare services to you.

A) **Treatment:** We will use and disclose your PHI to provide, coordinate or manage your dental care and any related services. We may disclose PHI to other providers who may be treating you such as a specialist.

B) **Payment:** We will use your PHI to obtain payment for the dental care services provided by this Practice. For example, if we are working with your insurance plan, we may verify eligibility or coverage for benefit determination. We may use or disclose your information so that a bill may be sent to you that may include services provided.

C) **Healthcare Operations:** The Practice may use or disclose, as needed, your PHI in order to support its business activities such as quality performance reviews regarding our services or the performance of our staff. i) **Business Associates:** We may share your PHI with third party business associates such as answering services, transcriptionists, billing services, consultants, trainers and legal counsel. We obtain a written agreement between our Practice and the business associate to assure the protection and privacy of your PHI.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object: We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object as follows:

D) **Required or Permitted by Law:** We may use or disclose your PHI as required by law. This may include public health activities such as controlling a communicable disease or compliance with health oversight agencies authorized by law. We may disclose PHI to a public health authority authorized to receive reports of child abuse or neglect. We may disclose your PHI if we believe you have been a victim of abuse, neglect or domestic violence to a governmental agency authorized to receive such information in compliance with state and federal law. We may disclose your PHI to the Food and Drug Administration for the quality, safety, or effectiveness of FDA-regulated products or activities. We may disclose your PHI in the course of a legal proceeding in response to a subpoena, discovery request or other lawful process. We may also disclose PHI to law enforcement providing applicable legal requirements are satisfied. We may disclose PHI to a coroner or medical examiner for identification purposes. We may disclose PHI to researchers when the information does not directly identify you as the source of the information and such research has been approved by an institutional review board to ensure the privacy of the PHI. We may disclose PHI as authorized to comply with workers’ compensation laws. We may use and disclose your PHI if you are an inmate of a correctional facility and this information is necessary for your care.

Authorization for Other Uses and Disclosures of PHI: Use and disclosure of your PHI not addressed in this Notice of Privacy Practices will be made only with your written authorization. You may revoke this authorization in writing at any time. If you revoke this authorization, we will no longer use or disclose your PHI; however, we are unable to retrieve previous disclosures made with your prior authorization.

Other Permitted and Required Uses and Disclosures that Require Your Permission or Objection:

ii) **Students:** We may share PHI with students working in our Practice to fulfill their educational requirements. If you do not wish a student to observe or participate in your care, please notify your provider.

iii) **Appointment Reminders:** We may contact you as a reminder of your appointment. Only limited information is provided on an answering machine or an individual other than you answering the call. We may issue a post card or letter notifying you that it is time to make an appointment. You may provide a preferred means of contact such as a mobile telephone number or email address. Reasonable requests will be accommodated.

iv) **Family, Close Friends, Personal Representatives & Care Givers:** Our staff may disclose to person involved in your care your PHI relevant to that person’s involvement in your care or payment of the services providing you identify these individual(s) and authorize the release of information. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. If a young adult age eighteen (18) requests that his or

her information not be released to a parent or guardian, we must comply with this request in compliance with state law. For minor children living in divided households, both parents (mother and father) have access to the PHI unless their parental rights have been terminated. Payment of services is addressed in your Final Divorce Decree; however, we obtain payment from the parent who brings the child in for treatment. We will provide you a statement to send to the other parent for your reimbursement.

v) Disaster Relief: If applicable, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.

2. YOUR RIGHTS. The following is a statement of your rights regarding PHI we gather about you:

A) Copy of this Notice: You have the right to a copy of this notice including a paper copy.

B) Inspect and Copy PHI: You have the right to inspect and obtain a copy of PHI about you maintained by our Practice to include dental and billing records. You must submit a written request and indicate whether you prefer a paper or electronic copy. According to state and federal law, we may charge you a reasonable fee to copy your records. Our Practice does not transmit unsecure PHI via email. However, if you prefer this information emailed to you with encryption or security measures, we will comply with your request and will verify your email address. We suggest sending our Practice an email and we will reply with the attachment. (Note: Under federal law, you may not inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding. Please contact the Privacy Officer for more details).

C) Amendment: You have the right to have your provider amend your PHI about you in a designated record set. Please consult with the Privacy Officer. We may deny this request and you may respond with a statement. We may include a rebuttal statement in your record. Reasons we may deny amending such information, but not limited to these reasons, is if we did not create the information, or if the individual who created the information is no longer available to make the amendment or it is not part of the information maintained at our Practice.

D) Restrictions: You have the right to request a restriction of your PHI. If you paid out-of-pocket for a service or item, you have the right to request that information not be disclosed to a health plan for purposes of payment or health care operations and we are required to honor that request. You may request in writing to our Privacy Officer not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations such as to family members or friends involved in your care or for notification purposes as described in this Notice of Privacy Practices. However, your provider is not required to agree to this restriction. You may discuss restrictions with the Privacy Officer.

E) Confidential Communications: You have the right to request to receive confidential communications from our Practice by alternative means or at an alternative location. For example, you may prefer our Practice to use your mobile telephone or email rather than a residential line. Please make this request in writing to the Privacy Officer. Our staff will not ask personal questions regarding your request.

F) Disclosures: You have the right to request an accounting of disclosures of your PHI including those made through a Business Associate as set forth in CFR 45 § 164.528. The HITECH Act removed the accounting of disclosures exception to PHI to carry out treatment, payment and healthcare operations if such disclosures are made through the EHR. To request an accounting, you must submit your request in writing to the Privacy Officer.

G) Breach Notification: According to the HITECH Act, you have the right to be notified following a breach of unsecured PHI that affects you. "Unsecured" is information that is not secured through the use of technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the PHI unusable, unreadable and undecipherable to unauthorized users. Breach notification applies to our Business Associates who are obligated to notify our Practice if a breach of unsecured PHI occurs that affects you.

H) Fundraising: If PHI is used for fund raising which is considered "health care operations," basic requirements must be satisfied to include notice to the individual and a process for individuals to opt-out. If the individual consents, only specific parts of PHI may be used for fund raising. Note: Your PHI will not be used in this manner at our Practice.

3. Complaints: You have the right to file a complaint if you believe your privacy rights or that of another individuals' have been violated. You may contact our Privacy Officer and your issue will be addressed. You may also file a complaint with the Secretary of Health and Human Services at: U.S. Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, SW, Washington, D.C. 20201. Your complaint must be filed in writing, either on paper or electronically, by mail, fax, or e-mail; name the covered entity or business associate involved and describe the acts or omissions you believe violated the requirements of the Privacy, Security, or Breach Notification Rules; and be filed within 180 days of when you knew that the act or omission complained of occurred. You may visit the Office of Civil Rights website at www.hhs.gov/ocr/hipaa/ for more information.

If you have any questions, would like additional information or want to report a problem regarding the handling of your PHI, you may contact the Privacy Officer at:

Heather L. Skari, D.D.S., PC
4110 40th St S Suite 103
Fargo, North Dakota 58104
Telephone: (701) 293-7996

You will not be penalized for filing a complaint.



Dr. Heather L. Skari

FAMILY DENTISTRY

Oral Health Evaluation Checklist

Areas of Assessment:

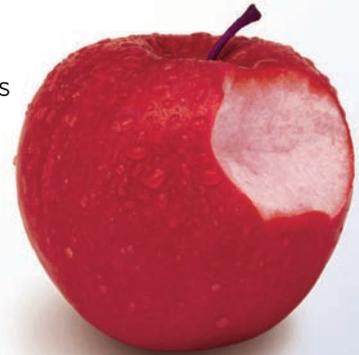
Appearance

- Tooth Position
- Gum Levels
- Arrangement
- Shape
- Color



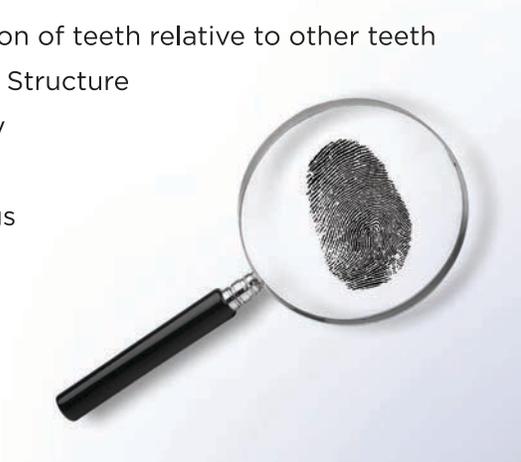
Bite

- Jaw Joint
- Muscles
- Tooth Contacts



Condition of Teeth

- Position of teeth relative to other teeth
- Tooth Structure
- Decay
- Wear
- Fillings



Gums/Bone/Roots

- Condition of Gums
- Bone Levels
- Root Structure



Complimentary Review of Findings

Together we will discuss each assessment area which will lead us to the most appropriate options for you.





Dr. Heather L. Skari

FAMILY DENTISTRY

Our Three Commitments to You

Because a commitment between two people builds trust, we have created the following three important commitments. Obviously, we realize that the institution of these commitments may be different from what you may have been accustomed to in other dental practices; however, we believe that these commitments are necessary in building the trust that it takes for us to successfully work together. Our entire team hopes you agree!

Commitment to Treatment

Dental disease is nearly 100% preventable. Our promise is to deliver the best dental care that we are capable of. In return we ask you care for your dental health on a daily basis to the best of your ability. Incomplete treatment leads to unnecessary problems and complications, such as the loss of teeth. It could also lead to more advanced disease which unnecessarily adds to your cost. We understand that you likely want as little dentistry done in your lifetime as possible. Help yourself achieve that goal by following through with your dental plan.

Commitment to Appointment

Time is always reserved especially for you in our schedule. You will get our utmost attention and care and we will try our best to keep you from waiting. An appointment scheduled in our office is a bond of trust that our team will be here to serve you and that you will be on time and prepared for your appointment.

Commitment to Financial Considerations

We believe that it is our responsibility to use our best professional care, skill, and judgment in helping you achieve your dental health goals. As stated above, we believe dental disease is nearly 100% preventable. You can expect the best dental care that we are capable of delivering to help you attain your goals. It is up to you to make financial arrangements with our practice to pay for these services.



Dr. Heather L. Skari

FAMILY DENTISTRY

Insurance Information

At our practice, we believe you deserve the best care, as well as a clear understanding of your financial responsibilities in achieving that care. Some of our patients have dental insurance benefits, some do not. We are happy to cooperate and assist if you have some form of dental insurance. Please carefully read your policy so you are aware of any limitations of your insurance.

Dental Insurance Trivia: *Unlike medical insurance, dental coverage was never intended to be all encompassing. With this in mind, please understand that even the best dental policies today cannot be viewed as anything other than a payment assistance program with severe limits. Most benefit plans are only designed to cover a portion of the total cost. All dental policies have a maximum annual benefit. In many instances, it is \$1000. When dental insurance came into the consumer market in the 1970's, an individual maximum annual benefit was \$1000. It is very interesting that although premiums for these policies have risen dramatically, the maximum benefit has remained the same. Think of what \$1000 bought in 1970 compared to today!!*

We currently accept all of your private insurance plans. That means that our practice works with literally hundreds of companies. Therefore, it is impossible to give you a guaranteed quote at the time of service. You can count on us to estimate your portion based on the most up-to-date information we have, but it is ONLY AN ESTIMATE. If you need to know your insurance benefit, we will be happy to file a pre-determination of benefits with your insurance company prior to treatment. This does delay the treatment and is still not a guarantee of payment.

We determine our fees by the level of care, skill, and judgment a procedure requires. Our fees are the same regardless of whether you have insurance or not. Insurance companies establish their reimbursement levels on a basis of average quality provided by an average practitioner in an average office of average people. We sincerely believe you will find us far above average and more importantly, we believe you deserve better than average. In short, you can always expect the very best care when you come to our practice!

We want you to have the best understanding possible regarding insurance, fees, and payment. You are invited to call us with any questions you may have. Thank you for your understanding and cooperation.