

Attendance Policy

At Rothbauer Dental, we care about you and the health of your teeth. We look forward to providing you with the highest quality dental care at each and every appointment. In order to provide this level of care for all of our patients, we have created a Patient Attendance Policy.

When you schedule an appointment with our office, we prepare your records and reserve the doctor's time to provide you the care you deserve! We understand that changes in your schedule may occur, and we ask that you contact our office as soon as possible if you need to reschedule your appointment.

Providing advance notice to our office of any scheduling changes needed will allow our office to release your reserved appointment time to another patient who needs care.

If you are unable to provide at least 24 hours' notice of any changes you need to make to your appointment, your appointment will be considered a **"short notice cancellation" (SNC)** or if you do not come in for your scheduled appointment, your appointment will be considered a **"no show" (NS)** and will be subject to the following responses:

* **1st SNC/No Show:** First warning: It is your responsibility to reschedule your missed appointment, and our office staff will ensure that you are aware of this Patient Attendance Policy. They will also advise you that any future missed appointments without prior notice will result in a second warning.

* **2nd SNC/No Show:** Second warning: It is your responsibility to reschedule your missed appointment, and our office staff will ensure that you are aware of this Patient Attendance Policy. They will also advise you that another SNC/No show will result in our staff being unable to reserve future appointment times for you; however, you will have the ability to schedule same day appointments.

* **3rd SNC/No Show:** In the event of a third missed appointment without prior notice, our staff will be unable to reserve future appointment times for you. We will only be able to offer you same day appointments until you successfully keep/attend 2 consecutive appointments. Example: You call in the morning and ask if we have any cancellations or appointments available that day. If we have an appointment available, we're happy to schedule you.

* **4th SNC/No Show:** In the event of a fourth missed appointment without prior notice, our staff will be unable to reserve any appointment times for you. Our staff will advise you of your dismissal from our practice and refer you to another dentist that accepts your insurance.

We realize that situations such as complications in life occasionally arise when an appointment cannot be kept and adequate notice is not possible. These situations will be considered on a case by case basis.

We appreciate your cooperation and understanding. Thank you for being a valued patient of Dr. Rothbauer.

***Print name:** _____

***Signature:** _____

***Date:** _____

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may need to share information with other providers or specialists involved in the continuation of your care.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we disclose treatment information when billing a dental plan for your dental services.

Health Care Operations include the business aspects of running our practice. For example, patient information may be used for training purposes, or quality assessment.

Unless you request otherwise, we may use or disclose health information to a family member, friend, or other personal representative to the extent necessary to help with your healthcare or with payment for your healthcare. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights regarding your protected health information, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to access, inspect and copy your protected health information.
- The right to request an amendment to your protected health information.
- The right to receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:
Privacy Officer
Nancy K. Rothbauer DDS
12502 Vernon AVE. S.W.
Lakewood, WA 98498
253.582.9010

For more information about HIPAA or to file a complaint:
The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)