



**THIS IS AN EXPLANATION OF HOW YOUR HEALTH INFORMATION IS UTILIZED  
BY OUR PRACTICE.  
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 January 1, 2014, 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 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 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 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 use or 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. You may also request access by sending us a letter to the address at the end of this Notice.)

**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.

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

### **QUESTIONS AND COMPLAINTS**

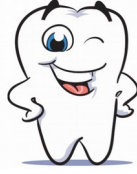
If you want more information about our privacy practices or have questions or concerns, please contact us.

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 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.

Portia J. Bell, DDS, Inc. 2710 Crossroads Plaza Drive Columbus, OH 43219 614-471-1161  
www.drportiabell.com

*Welcome to the office of Dr. Portia J. Bell, D.D.S*



# Healthy Mouth Standard Health

- ❖ Cavity Free
- ❖ Gums that do not bleed
- ❖ Effective dental home care
- ❖ Negative oral cancer screening
  - ❖ Healthy salivary flow
  - ❖ Absence of oral infections

# Function

- ❖ No missing teeth
- ❖ Teeth or fillings that are not broken or cracked
  - ❖ Teeth protected from grinding and injury
  - ❖ Free of pain and discomfort
  - ❖ Free of sensitivity

# Beauty

- ❖ No visible stains
- ❖ Smiles with confidence
- ❖ Happy with overall appearance of teeth

**WELCOME TO OUR PRACTICE**

**This form is designed to acquaint you with our Office Policies. Please read and sign below.**

**\* This office employs licensed, board certified Hygienists who will be integrally involved in your patient care and providing your treatment.**

**\*Please note, our relationship is with you and not your insurance company or pharmacy.**

**\*When you receive your reminder call, email, or text, please reply your intent. We require 48 hour notice for cancelation. Failure to give 48 hr advance notice of cancellation will result in a fee of \$50.00. If the appointment is not confirmed there is a possibility that the appointment will be given to another patient.**

**\*Patients are responsible to know their insurance benefits prior to first visit.**

**\*NSF Check Recovery is fee \$50.00**

**\*Statements are billed once a month.**

**\*Insurance Billing - We bill the insurance company the same day of service.**

**\*Patient's are responsible to notify the office of changes in insurance coverage, employment, name, phone numbers, address, etc.**

**\*Co-payment and Fee for service is due at the time of service.**

**\*If pre treatment instructions have not been followed, your procedure may be cancelled.**

**\*Patients under 18 years old must be accompanied by a parent or guardian or have proper documentation completed. Forms are available upon request.**

**\*Be prepared to share the name, quantities, and frequency of dosage of the medicines you take.**

**\*Patients coming from another office are responsible for having their records and x-rays transferred to our office prior to their scheduled appointment.**

## **Appointments**

When an appointment is scheduled in our office, the time is reserved exclusively for you. We know that you value your time and so do we! Because we do not overbook our time, it is very important for us to receive adequate notice to make the arrangements necessary to utilize that time. We have found that the following considerations provide the best care for all of our patients.

- In order to keep our overhead and your costs as low as possible, we ask that you give us at least 48 hours notice if you are unable to keep an appointment. Cancelled appointments that are unable to be rescheduled because of lack of notice contribute to the rising costs of your dental care.
- Unconfirmed appointments are subject to be cancelled if not confirmed 48 hours prior to treatment.
- We will work with you if you wish to schedule more than one family member at the same time. However, if that appointment needs to be rescheduled and you are not able to provide 48 hours notice we will need to reschedule those appointments separately.
- 9:00 am, 4:00 pm, and 5:00pm appointments are in extremely high demand. If you are unable to keep one of these appointments and are unable to give us notice, we will ask you to reschedule at a different time.
- Broken appointments are very costly. To be fair to all of our patients we will ask you to help with the cost associated with these appointments by collecting a \$50 broken appointment fee.
- Please be on time or early for your scheduled appointment, so that other patient appointments are not affected. If you are more than 15minutes late for your appointment you may have to wait to be worked in to the schedule, or we may need to reschedule your appointment entirely.
- If you have an emergency needing immediate attention, we do our best to see you that day. Occasionally these emergencies cause us to run a little behind. If we know that our schedule is compromised, we will make every effort to let you know ahead of time.
- You are welcome to use your cell phones in our reception area but we ask that you please turn cell phones off or on vibrate while in the treatment rooms.
- We have found that it is in the best interest of our patients if family members remain in the reception area during treatment. Thank you for your cooperation.