

Piedmont Regional Dental Clinic Patient Rights and Responsibilities

1. As a PRDC patient, you have rights. You have the right to:
 - Receive considerate and respectful care regardless of your race, gender, national origin, religion or economic status.
 - Understand your diagnosis, treatment options.
 - Know how much the services you request will cost.
 - Know the name and credentials of the providers caring for you
 - Demand privacy for your personal and medical records.
 - Receive quality dental care which takes into consideration your psychological, spiritual, and cultural values as well as your economic situation.
 - Express grievances in an appropriate manner and have them addressed directly.

As a PRDC patient, you also have responsibilities. You are responsible for:

- Providing accurate and complete contact information and medical history.
- Asking questions if you do not understand a diagnosis, a cost, or treatment options.
- Promptly paying for your services.
- Bringing an interpreter such as a friend or family member (18 or older) with you to your appointment if you cannot communicate in English.
- Being respectful to our dentists, staff and other patients.
- Refraining from using a cell phone/cameras in the treatment areas out of respect for the privacy of other patients as well as the noise factor.
- Arriving on-time for your appointments.
- Providing 24 hours notice if you must cancel an appointment.
- Accepting the repercussions of any no shows. For more information, see # 3.

2. **Financial Policy:** PRDC accepts patients of all economic levels. Patients at or below 200% of the Federal Poverty Level qualify for our Affordable Care Plan and receive significant discounts to prevailing commercial rates. Having insurance coverage does not disqualify you from our Affordable Care Plan.

PRDC will help you determine the lowest possible fee for your services based on the treatment options you select, your insurance benefits (if any) and your household income. PRDC is happy to submit your insurance claims for you.

All patients not covered by Medicaid or Delta Dental Premier must pre-pay for their services by cash, credit card, Health Savings Account or Care Credit. One exception are recurring hygiene appointments which only require a \$20 deposit.

Should you pre-pay for a procedure you later do not wish to receive, PRDC will refund your money within 30 days of receiving a written refund request.

3. **Missed Appointment Policy:** PRDC is a small, non-profit dental safety net clinic. In order to keep our fees as low as possible, every hour we pay our staff must be productive (i.e. caring for a patient). When patients fail to show up for their appointments, we must still pay our staff and it causes significant hardship for the Clinic. Other patients who need the appointment spot are also delayed in receiving the care they require. We thank you for understanding that our policies on late arrivals, cancellations and no-shows are based on experience and are important to our ability to continue operating the Clinic.

PRDC enforces a very strict missed appointment policy. A missed appointment is defined as (a) an appointment that you do not show up for and/or (b) an appointment that you provide less than 24-hour notice to cancel or reschedule. PRDC requests you make all possible attempts to keep your scheduled appointment and respect our staff and the other patients who are on time. As a courtesy to our patients, we will confirm your appointment 48 hours prior to your scheduled appointment. We do request a call or text back to confirm your appointment. If we do not receive your appointment confirmation by 12:00 pm the day prior to your appointment, we have the right to reschedule your appointment.

Late Arrivals: Please keep in mind PRDC maintains a very full schedule. Even one patient running late can impact the schedule of the entire Clinic. If you are late for your appointment, PRDC reserves the right to reschedule you. We ask you to arrive 10 minutes before your appointment to allow time for registration.

Cancellations: If you need to cancel or reschedule your appointment, please give PRDC at least a 24-hour notice. This notification allows PRDC the opportunity to offer services to another patient who might be in emergent need. If you do not give a 24-hour notice, or cancel the same day as your appointment for any reason, it is considered a missed appointment.

Please note: PRDC has voicemail. If it is after normal business hours and you need to cancel, reschedule, or confirm, you may leave a voicemail message at (540) 661-0008.

Repercussions of missed appointments:

- 2nd missed appointment—30 day wait for your next appointment
- 3rd missed appointment—PRDC will no longer schedule you for future appointments. Please call us on a day you know you can come in, and we will work you into the schedule if space is available.

4. **Preventative Care:** We encourage all patients to follow through with their suggested treatment plan. PRDC requires all patients to have a six-month periodic exam regardless of the status of their treatment plan. If you have not completed your treatment within six months of your last exam, you will be required to have a periodic exam before further treatment will be completed. This is a quality of care standard for PRDC and our patients. There will be no exceptions to this policy.

A periodic exam typically includes a cleaning. If you have very few teeth your exam may cost less depending upon the condition of those teeth.

5. **Concerns or Suggestions:** We expect for each patient to be treated with dignity, respect, and the highest level of quality dentistry. With that in mind, we expect our patients to treat our employees with respect and courtesy, as well. If you have any concerns, please let us know. We always welcome and encourage suggestions to better serve you. You may direct any concerns or suggestions to the Executive Director.
6. **Snow Dates:** PRDC will update its phone message, send emails, post to Facebook and the website if we are closed or opening late due to snow.

KEEP FOR YOUR RECORDS

Piedmont Regional Dental Clinic Notice of Privacy Policies

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 protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 5-1-2011, 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 provide the new Notice at our practice location, and we will distribute it 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 Disclosure of Health Information

We use and disclose health information about you without authorization for the following purpose:

Treatment: We may use or disclose your health information for your treatment. For example, we may disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your health information to obtain payment for services we provide to you. For example, we may send claims to your dental health plan containing certain health information.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations. For example, 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.

To You or Your Personal Representative: We must disclose your health information to you, as described in the Patients Rights section of this Notice. We may disclose your health information to your personal representative, 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 absence or incapacity or in emergency circumstances, we will disclose health information based on 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 inference of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Disaster Relief: We may use or disclose your health information to assist in disaster relief efforts.

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.

Public Health and Public Benefit: We may use or disclose your health information to report abuse, neglect, or domestic violence; to report disease, injury, and vital statistics; to report certain information to the Food and Drug Administration (FDA); to alert someone who may be at risk for contracting or spreading a disease; for health oversight activities; for certain judicial and administrative proceedings; for certain law enforcement purposes; to avert a serious threat to health or safety; and to comply with workers' compensation or similar programs.

Decedents: We may disclose health information about a decedent as authorized or required by law.

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 the protected health information of an 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. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying. If you request copies, we will charge you \$_____ for each page, \$_____ per hour for staff time to copy your health information, and postage if you want the copies mailed to you. 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 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 the additional request.

KEEP FOR YOUR RECORDS

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. In most cases we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). We must comply with a request to restrict the disclosure of protected health information to a health plan for purposes of carrying out payment or healthcare operations (as defined by HIPAA) if the protected health information pertains solely to a healthcare item or service for which we have been paid out of pocket in full.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. (You must make a request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation of 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.

Electronics Notice: You may receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically on our Web site or by electronic mail (e-mail).

Questions or 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 may also 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.

Contact Office: Mary Foley Hintermann, Executive Director **Telephone:** 540-661-0008 **Fax:** 540-661-1070

Email: mary.hintermann@vaprdc.org

Address: 13296 James Madison Hwy., Orange, Va. 22960