# Meryl A.Baurmash, D.D.S. PA. One Robertson Bedminster, NJ 07921

#### PRIVACY NOTICE

## 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.

Your protected health information (i.e., individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used or disclosed by us in one or more of the following respects:

- To other health care providers (i.e., your general dentist, oral surgeon, etc.) in connection with our rendering orthodontic treatment to you (i.e., to determine the results of cleanings, surgery, etc.);
- To third party payors or spouses (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending § accounts, etc.) in order to obtain payment of your account (i.e., to determine benefits, dates of payment, etc.);
- To certifying, licensing and accrediting bodies (i.e., the American Board of Orthodontics, state dental boards, etc.) in connection with obtaining certification, licensure or accreditation;
- Internally, to all staff members who have any role in your treatment;
- To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc.;
- 888 To your family and close friends involved in your treatment; and/or,
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke.

Under the new privacy rules, you have the right to:

- Request restrictions on the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Inspect and obtain copies of your protected health information through asking us;
- Amend or modify your protected health information in certain circumstances;
- Receive an accounting of certain disclosures made by us of your protected health information; and,
- You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights with us (by submitting inquiries to our Privacy Contact Person at our office address) or the United States Secretary of Health and Human Services (which must be filed within 180 days of the violation).

We have the following duties under the privacy rules:

- By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
- To abide by the terms of our Privacy Notice that is currently in effect;
- To advise you of our right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us, and that if we do so, we will provide you with a copy of the revised Privacy Notice.

Please note that we are not obligated to:

- Honor any request by you to restrict the use or disclosure of your protected health information;
- § Amend your protected health information if, for example, it is accurate and complete; or,
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.

1 2	son or direct your questions to this	. If you have any questions about the information in this Notice person at our office address. Thank you. <u>ACKNOWLEDGMENT</u>	ce, please as
I hereby acknowledge that	have received and reviewed a copy	y of this Privacy Notice.	
Patient			
ratient	Date		

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### WE WANT YOU TO KNOW...

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Thus the following information is routinely supplied to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to make treatment inadvisable, but should be considered in making the decision to wear orthodontic appliances.

Perfection is our goal. However, in dealing with human .beings, problems of growth and development, genetics, and patient cooperation, achieving perfection is not always possible. Often a functionally and esthetically adequate result must be accepted.

Throughout our life, tooth position is constantly changing, and orthodontic treatment does not ensure a lifetime of perfectly straight teeth. Every effort will be made to establish the best possible result. Retainers will usually be necessary to hold the teeth in their new positions. Patients who do not faithfully wear their retainers often see shifting of their teeth and encounter other adverse effects,

After one to two years of wearing retainers on a decreasing schedule, the teeth are as stable as can be expected. Any change after that time is due to natural causes, since shifting of the teeth even occurs in people who have not had orthodontic treatment. Therefore slight irregularity, particularly of the lower front teeth, may sometimes have to be accepted as the best possible result for the particular circumstances.

Excellent (not just good) oral hygiene is essential! Poor tooth brushing may result in cavities, decalcification (permanent markings) and gum disease. Other problems such as a loss in the height of the bone, abnormal wearing of the teeth, shortening of the roots of the teeth, non-vital teeth and abscesses, and recession of the gums may occur during orthodontic treatment. These conditions may be associated with orthodontics, but also occur for many other .reasons.

Temporo-mandibular joint (TMJ) problems may occur before, during, or after orthodontic treatment. This is the joint which connects the lower jaw to the head. Problems with this joint can be caused by many factors, including stress, and may not have anything to do with orthodontic treatment. If this problem does occur, additional treatment may be necessary.

Uncorrected finger, thumb, tongue or similar pressure habits, insufficient or undesirable facial growth can all compromise, our results, affect facial change, and cause shifting of teeth during or following treatment. On rare occasions it may be necessary to recommend a change in our original treatment plan.

The total time for treatment can be delayed beyond our estimate. Lack of facial growth, poor elastic or headgear wear, broken appliances and missed appointments are all important factors which could lengthen treatment time and affect the quality of the result. Treatment may have to be discontinued with incomplete results if patient cooperation is not adequate.

We want you to know that most of these conditions rarely occur. There may be other inherent risks or limitations not mentioned, but should anything develop, every effort will be made to resolve it or refer you to the appropriate therapist. Please feel free to ask us about anything you do not understand. We are dedicated to the best possible result for each patient. Understanding and cooperation are essential for the results we both seek.

Parent/Patient Signature:	 Date: 3/11/2016