

Anthony F. Nottage III, DDS

NOTICE OF PRIVACY PRACTICES

1. Anthony F. Nottage III, DDS may use and disclose protected health information for treatment, payment and healthcare operations. Examples of these include, but are not limited to, requested preschool, or sports physicals, foster care homes, home health agencies and/or referral to other providers for treatment, notify you of appointments by phone, email, text, or U.S. mail. Payment examples include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers; collection agencies. Healthcare operations include, but are not limited to, internal quality control and assurance including auditing of records.
2. Anthony F. Nottage III, DDS is permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. Two examples of such are for public health requirements or court orders.
3. Anthony F. Nottage III, DDS will not use or disclose PHI for marketing purposes and/or disclosures constituting a sale of PHI without the individual's Authorization.
4. Anthony F. Nottage III, DDS will not sell or make any other use or disclosure of a patient's protected health information without the individual's written authorization. Such authorization may be revoked at any time. Revocation must be written.
5. Anthony F. Nottage III, DDS will abide by the terms of this notice currently in effect at the time of the disclosure.
6. Anthony F. Nottage III, DDS reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains. Anthony F. Nottage III, DDS will provide each patient with a copy of any revisions of its Notice of Information Practices at the time of their next visit, or at their last known address if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our offices.
7. Any patient, guardian or personal representative has the right to object to the use of their health information for directory purposes.
8. Any patient, guardian or personal representative has the right to inspect and obtain copies of their medical record. The records will be provided within 30 days of the request, and a reasonable charge may be assessed for any copies after the first request in a 12-month period. If Anthony F. Nottage III, DDS is unable to act within the required period, Anthony F. Nottage III, DDS, may provide the patient with written notice of the reason for delay and expected date of completion of the request. This extension of time will not exceed 30 days.
9. Any patient, guardian or personal representative has the right to request amendments be made to their medical record.
10. Any patient, guardian or personal representative has the right to request a 6-year accounting of all disclosures of their medical record. The history will be provided within 30 days of the request and a reasonable charge may be assessed for any copies

after the first requested in a 12-month period. If Anthony F. Nottage III, DDS is unable to act within the required period, Anthony F. Nottage III, DDS may provide the patient/person with written notice of the reason for delay and expected date of completion of the request. This extension of time will not exceed 30 days.

11. Any patient, guardian or personal representative has the right to request restrictions as to how their health information may be used or disclosed to carry out treatment, payment or healthcare operations. Anthony F. Nottage III, DDS is not required to agree to the restrictions requested, but if Anthony F. Nottage III, DDS does agree, Anthony F. Nottage III, DDS must abide by those restrictions.
12. Any patient, guardian or personal representative has the right to restrict disclosure of certain Personal Health Information to a health plan for payment or health care operation purposes, but not for treatment purposes, for items or services that have been paid in full and out-of-pocket.
13. Any person/patient has the right to be notified by the Anthony F. Nottage III, DDS Security Officer following a breach of unsecured Personal Health Information of the affected individual. Anthony F. Nottage III, DDS may use email to notify the person/patient of a breach.
14. Any person/patient may file a complaint to Anthony F. Nottage III, DDS and to the U.S. Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the Practice, please contact the Privacy Officer at the following address and/or phone number 3608 North Elm Street, Suite B Greensboro, NC 27455; telephone (336)274-3791. All complaints will be addressed and the results will be reported to the Privacy Officer.
15. It is the policy of Anthony F. Nottage III, DDS that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

Effective Date: _____

Name of Patient: _____

Signature of Patient or Legal Guardian: _____

Date: _____

I authorize the release of information including diagnosis, records, images and claim information to:

Spouse Name: _____

Child(ren) Name: _____

Parent Name: _____

Other Name: _____

FINANCIAL POLICY

As a courtesy to our patients, we will file your dental claim with your insurance carrier. However, we do expect all fees not covered by your insurance carrier (deductibles and patient percentages) to be paid at the time of service. We will do our best to determine your portion due at the time of service but we can only give you an estimate. You will be responsible for any leftover payments not paid by your insurance company. Additionally, if your insurance company has not paid us after three (3) months you will be responsible for the bill.

PATIENTS WITH SECONDARY INSURANCE COVERAGE

After your primary insurance pays, we will bill you for the remaining charges. After receiving payment from you, as a courtesy for our patients, we will file secondary insurance paperwork for you. We will ask the secondary insurance company to send the payment to you.

FINANCIAL ARRANGEMENTS

For your convenience we do offer financing through Care Credit. This company has several different payment plans available.

Any account ninety (90) days past due will be collected through the Guilford County Small Claims Court or the Credit Bureau. Finance charges of 18% APR will be assessed as well as a late charge added to past due accounts which have to be turned over for collections.

PATIENT RESPONSIBILITIES

Our office policy is to try to schedule your six month recall so that it will be eligible for your payment by your insurance. Our system is not perfect and generally failures are due to patients rescheduling appointments. Please know that we want your insurance to pay their portion but it is ultimately the patient's responsibility to know your insurance policy requirements.

I certify that I have read and agree to the above conditions and policies.

Patient Signature: _____

Parent/Guardian Signature if patient is under 18 years of age:

Date: _____