

Health History

Patient Name: _____ Date: _____

Have you taken or are you currently on any oral or IV Bisphosphonates?

Some examples of these drugs are: (Please circle any that apply)

Didronel (Etidronate)

Skelid (Tiludronate)

Fosamax (Alendronate)

Actonel (Risedronate)

Boniva (Ibandronate)

Aredia (Pamidronate)

Zometa(Zoledronate)

Reclast(Zoledronate)

Handley Dental Policies

There is a \$30 Fee for Returned Checks.

If you have to cancel or reschedule an appointment with Handley Dental, please give us 24 hours' notice so that we can offer the time to someone waiting for treatment. Habitual broken appointments will result in a charge for the time reserved.

Cell phone use is prohibited in the treatment areas as a courtesy to Dr. Handley, Staff and all patients.

Children need to remain seated with the parents in the waiting room while other members of the family are having treatment due to the privacy policies of this office.

Insurance

We have prepared this letter to help you better understand the complexities of dental insurance; we realize how confusing it can be. To begin, we would like to highlight a misconception – dental insurance was not designed to pay for *all* dental care. Most contracts with insurance companies have limits and/or various degrees of co-payment. These contracts are decided upon by your employer, or whoever chooses the plan.

All levels of payment by insurance companies are governed by the premiums paid. They have nothing to do with the actual costs charged by our office. Our fees are based upon a combination of our costs, our time, and our constant dedication to supplying our patients with the highest quality dental care. ***The treatment recommended by our office is never based on what your insurance company will pay; it is based on your needs.*** Your treatment should not be governed by your insurance contract.

However, it should be understood that the dental insurance contract is between the insurance company and the patient, who bears the ultimate financial responsibility.

We hope this information has been helpful. Please take the time to review your contract thoroughly so we may best serve you. As always, you may feel free to ask any member of our staff for clarification on services, billing, and insurance.

I have read and understand the above information.

Patient Signature: _____ **Date:** _____
(Under 18 parent or guardian signatures only)

Handley Dental
Oral Cancer and Screening Consent Form

We are very concerned about oral cancer, and are now able to conduct screening examinations on every patient. The incidence of oral cancer continues to rise in the USA. The Oral Cancer Foundation makes an annual prediction for the incidence of oral and oropharyngeal cancers each year in the US. This year the number has increased again and the OCF estimates that 49,750 Americans will be newly diagnosed with oral or oropharyngeal cancer in 2017. About 9,750 individuals will die from this cancer in 2017, also an increase over last year.

Risk factors: Tobacco and chewing tobacco, along with alcohol, are the leading causes of oral cancer. Over the last four decades, the human papilloma virus (HPV), known for its role in cervical cancer, has been showing up in the increasing number of oral cancer cases as well.

Traditionally, dentist and hygienists have done oral cancer screenings with the naked eye, but recently, a new technology, the Oral ID, has received FDA approval. The Oral ID will help us pinpoint and identify suspicious tissue at earlier stages before they may become life threatening concerns.

Oral ID, similar to the other early detection procedures like colonoscopy, mammography, PAP smear and PSA exam is a painless, non invasive blue light that is shined into the patient's mouth. The images are viewed through the specialized glasses that the practitioner wears. Tissue abnormalities may be detected at much earlier stages. These changes can range from something minor to something of greater concern that may require further examination and follow up.

Oral ID testing is an addition to our traditional visual oral cancer screening and will add only a few minutes to your appointment. **However, the Oral ID exam may or may not be covered by dental insurance. The fee for this service is \$15.** As part of our standard care we recommend that you choose this additional screening procedure.

Thank you for your consideration!

Please sign the area below to accept financial responsibility for this procedure:

YES, I authorize Handley Dental to perform the Oral ID

NO, I do not authorize the use of the Oral ID

Patient Name _____

Signature _____

Date: _____

Ron Handley, D.D.S.
10710 Barker Cypress Ste A
Cypress, Tx.77433
(281) 304-4744

SUMMARY OF PRIVACY PRACTICES

This summary of our privacy practices contains a condensed version of our Notice of Privacy Practices (“Notice”). A paper copy of the completed Notice is available upon request. In addition, a copy of the Notice is posted at our front desk in the following location:

Front Desk

IT IS OUR PLEASURE TO INFORM YOU HOW DENTAL/MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand that your dental/medical information is personal to you, and we are committed to protecting the information about you.

As our patient, we create dental/medical records about your health, our care for you, and the services and/or items we provide to you as our patient. By law, we are requested to make sure that your protected health information is kept private.

How will we use and/or disclose your information? Here are a few examples (for more details please request a copy of our Notice from our receptionist).

- **For dental/medical treatment**
- **To obtain payment for our services**
- **In emergency situations**
- **For appointment and patient recall reminders**
- **To run our practice more efficiently and ensure all our patients receive quality care**
- **To avert a serious threat to health or safety**
- **For worker’s compensation programs**
- **In response to certain request arising out of lawsuits or other disputes**

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our Administrator. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

You have certain rights regarding the information we maintain about you. These rights include:

- **The right to inspect and copy**
- **The right to amend**
- **The right to an accounting of disclosures**
- **The right to request restrictions**
- **The right to a paper copy of this notice**
- **The right to request confidential communications**

Handley Dental
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign**
- Communications barriers prohibited obtaining the acknowledgement**
- An emergency situation prevented us from obtaining acknowledgement**
- Other (Please Specify)**

