

## **SMS Privacy Policies/Terms and Conditions**

West Clinton Family Dentistry, LLC respects your privacy and is committed to protecting the information you shared. For instance:

**Non sharing Clause:** Notwithstanding anything to the contrary in this privacy policy, your consent to receive SMS messages applies solely to us. It does not apply to the activities of any third party. We will not share your mobile number with any third party for their marketing or promotional purposes. West Clinton Family Dentistry, LLC will not sell, rent, or share the collected mobile numbers.

**Data Collection:** We will collect your name, email address, mailing address, and mobile phone number when you sign up for SMS updates. The information will be collected via a paper form.

**Data Usage:** We use your data solely for sending updates and reminders related to our confirmations and cancellations of dental appointments, notifications about dental work that needs to be scheduled, information on dental health issues that may affect patients personally, and updates on office situations such as closures due to weather or holidays. Message frequency may vary, with an average of 1-2 messages per month.

**Data Security:** We protect your data with secure storage measures to prevent unauthorized access.

**Data Retention:** We retain your information as long as you are subscribed to our SMS service. You may request deletion at any time.

**MESSAGE AND DATA RATES MAY APPLY.** Your mobile carrier may charge fees for sending or receiving text messages, especially if you do not have an unlimited texting or data plan.

Messages are recurring, and message frequency varies based on communication needs.

**Opt in Messaging:** Thank you for opting in to receive recurring messages from West Clinton Family Dentistry, LLC. Msg frequency varies. Msg & data rates may apply. with an average of 1-2 messages per month Reply HELP or INFO for help. Reply STOP to opt out.

To get help, reply HELP. Thank you for reaching out to West Clinton Family Dentistry, LLC.

Please call us at +1 478-986-1830 or email us at [info@drkaydentist.com](mailto:info@drkaydentist.com) for support. Reply STOP or UNSUBSCRIBE to opt out.

**To Opt-Out of messaging:** Thank you for opt in to receive recurring messages from West Clinton Family Dentistry, LLC. Msg frequency varies. Msg & data rates may apply. with an average of 1-2 messages per month Reply HELP or INFO for help. Reply STOP to opt out.

## **Consent for treatment**

It is important to us that you, our patient, understand the treatment we are recommending and any procedures we may, with your agreement, perform. We want to involve you in all decisions concerning procedures you may need. So please sign this form only if you understand that there is a risk associated with dental procedures, and all your questions have been answered.

Dental treatment and procedures are generally safe but there is always a risk for complications. Any time you receive dental treatment, there are no guarantees that the results will be as planned and to each individual's satisfaction. Even a minor procedure like "fillings" can lead to major complications that cannot be foreseen. For example, "Novocaine" injection could lead to allergic reaction, anaphylaxis, facial hemorrhage, swelling, bruising, and even hospitalization or death. Granted these are fairly uncommon occurrences but it's important to know risks can occur before consenting to treatment.

Whenever drilling is involved, even a simple cavity can lead to pulpal (nerve) problems, abscess, fractured tooth, and/or post treatment pain to biting and to hot and/or cold. These complaints usually go away without further treatment, but not always. In general, complications can include but are not limited to pain, swelling, bleeding, infection, and other nerve problems.

### **HIPPA Notice of Privacy Practices Acknowledgement**

I have received this practice's HIPPA Notice of Privacy Practices written in plain language.

The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice. I understand I can obtain this practice's current Notice of Privacy Practices on request. I can also print a current copy from the "Forms" page on this website.

### **Financial Policies**

Thank you for choosing West Clinton Family Dentistry, LLC. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable as possible by offering several payment options.

Payment Options: You can choose from: Cash, Check, Visa/MasterCard/Discover

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash prior to completion of care.

Convenient Monthly Payment options are available from CareCredit Healthcare Credit Card (subject to approval):

- Allow you to pay over time
- No annual fees or pre-payment penalties

For plans requiring multiple appointments, alternative payment arrangements may be provided.

### **Insurance information**

For those with dental insurance, as a courtesy to you, we are happy to work with your carrier to maximize your benefits and we will directly bill them for reimbursement for your treatment.

However, please understand that our relationship is with you and not your insurance company. We are happy to attempt to verify insurance coverage from the information you provide. We will estimate what your balance will be, and every though you pay your estimated patient balance, that may differ from what your insurance company ultimately pays. Unfortunately, not all services are covered benefits and some insurance companies arbitrarily select certain procedures they will not cover, so we cannot make guarantees of coverage or payment.

If the insurance company refuses to pay for any treatment you will be responsible for the balance.

If you have secondary insurance, we will provide you with all the information you need to submit the claim.

Please note: West Clinton Family Dentistry, LLC requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We reserve the right to charge a fee of \$50 for patients who miss or cancel more than 2 times in a 12 month period without 24 hours notice. A fee of \$35 is charged for all returned checks.