KATIE STEELE, DDS, PLLC
204 Kruger Street, Suite 1
Wheeling, WV 26003
Phone: 304-243-KIDS
Fax: 304-243-5438

Notice of Privacy Practices
Patient Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my Protected Health Information (PHI).

I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple health care providers who may be involved in the treatment directly or indirectly
- Obtain payment from third party payers
- Conduct normal healthcare operations

I have read and understand that I may submit a written request how my PHI is used or disclosed to carry out treatment, payment, or healthcare operations. I also understand that you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by them.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Today's Date: _____

Official Use Only

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Patient Acknowledgement, but was unable to do so as documented below:

Date Initials Reason

Office Policies

Steele Pediatric Dentistry reserves a specific time for your child according to their treatment needs and cooperation level. We make every effort to see your child at his/her appointed time. Inadvertent delays, such as emergencies and unforeseen patient treatment problems may arise, causing schedule changes. If your child's appointment time is delayed, please accept our apology. Your patience is very much appreciated under these circumstances.

Please arrive 5 to 10 minutes prior to your child's scheduled appointment. This will allow time to complete any necessary paperwork. If you arrive 15 minutes beyond your appointment time, you may be asked to reschedule for the next available appointment time.

Younger children and children who require extensive dental treatment usually perform better when they are well rested and alert; therefore, morning appointments are highly recommended. We will be happy to provide your child with a signed school excuse to satisfy school attendance requirements.

As a courtesy, our office will attempt to contact you to confirm your child's appointment. If you need to reschedule an appointment, we ask that you provide our office with **2 business days' notice** so that we may extend the appointment time to another patient. A broken appointment without prior cancellation notice may be subject to dismissal from the practice and/or additional charges.

Our office is committed to helping you maximize your dental insurance benefits. Because policies vary greatly, we can only estimate your coverage in good faith but cannot guarantee coverage due to the complexities of insurance contracts. Some insurance plans do not cover selected procedures, such as the application of fluoride, radiographic images, or composite (white) fillings, even though they may be recommended by Dr. Steele and her staff. **While our office will try to gather an accurate estimate of any copays, it is up to you to let our office know if you wish to decline such recommended treatments.** If you have any questions about your specific carrier' plan or benefits, please direct questions to your dental insurance company.

Your estimated patient portion must be paid at the time of service. We will accept cash, personal checks, and most major debit or credit cards. As assistance to our patients, we will bill insurance companies for services and allow them 60 days to render payment. Pay-in-full discounts are available. **After 90 days, you are responsible for the entire balance, paid-in-full.**

If at any time you have questions concerning our office policies, please ask our office staff for assistance. We appreciate you trusting us with your child's dental health.

_____ _____

Parent/Legal Guardian Name Printed Parent/Legal Guardian Signature

_____ _____

Date Relationship to Patient