Aura Center for Aesthetic Dentistry
6870 Elm Street, Suite 300
McLean, VA 22101
(703)748-1900
www.auradentistry.com

OUR OFFICE POLICY

Aura Center for Aesthetic Dentistry does not participate in Health Management Organizations with the exceptions of **Aetna PPO, Cigna PPO, and Delta Dental PPO/Premier**. However, we will be happy to file a claim to your insurance company as a courtesy. We ask that you pay in full at the time of your visit. We accept Cash, Check, Debit, Visa, MasterCard, Discover, and American Express cards. In order for us to bill your insurance properly, it is necessary for you to provide accurate and complete information at the time of your visit. **Please understand that the balance of your treatment regardless of your insurance compensation is your responsibility.**

Please let us know if there is a concern at the time we present your treatment plan. We offer "**Care Credit**" financing plans as an option. For information regarding these payment plans, please speak to the financial manager for further details.

It is not our policy to carry outstanding balances, therefore any accounts that have not been paid in full within **60 days** after treatment will be assessed an **18%** per annum interest charge calculated on the first of each month.

Appointments are scheduled on an individual basis, reflecting the amount of time needed to complete specific treatment. However, we do realize that everyone has busy schedules. If you need to change or cancel an appointment, we ask that you please notify us within **2 Business Days** so that the time can be reserved for other patients in need. Failure to do so may result in an **$85/hour** late cancellation/broken appointment fee.

Signature______________________________________Date______________________________

Aura Dentistry Patient Questionnaire

1. What are your primary concerns about the condition of your teeth and gums?

2. What do you look for when choosing a dentist?

3. What Media Outlet to you use when looking for a dentist?
   a. Internet; google, yahoo, etc.
   b. Telephone Book.
   c. News Papers/Magazines.
   d. TV commercials.
   e. Other (please specify): ____________________.

4. Have you had bad dental experiences in the past? If so, please explain.

5. What can we do to provide you with the best service possible?

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and how to get can get access to this information. Please review it carefully.

THIS PRACTICE IS REQUIRED, BY LAW TO MAINTAIN THE PRIVACY AND CONFIDENTIALITY OF YOUR PROTECTED HEALTH INFORMATION AND TO PROVIDE OUR PATIENTS WITH NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

Disclosure of Your Health Care Information

Treatment

We may disclose your healthcare information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. (Example: On occasion, it may be necessary to seek consultation regarding your condition from other healthcare providers associated with this practice)

Payment

We may disclose your health information to your insurance provider for the purpose of payment of healthcare plans.

Worker's Compensation

We may disclose your health information as necessary to comply with State Worker's Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or your death.

Public Health

As required by law, we may disclose your health information to public health authorities for the purposes related to preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reporting domestic violence, violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceedings.

Law Enforcement

We may disclose your health information to a law enforcement official for the purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing

We may contact you for marketing purposes or fund-raising such as: charitable events to raise awareness or food donation drives. During these times we may send you a letter to invite you to participate.

Change of Ownership

In the event that this practice is sold or merged with another organization, your health information/records will become the property of the new owner.

(Over)

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that this practice is not required to agree to the restrictions you request.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request
- You have the right to inspect and copy your health information.
- You have the right to request that this practice amend your protected information. Please be advised, however, that this practice is not required to amend your protected information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reasons and information about how you can disagree with the denial.
- You have the right to receive accounting disclosures of your protected health information made by this practice.
- You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

This practice reserves the right to amend this Notice of Privacy Practices at any times in the future, and will make new provisions effective for all information that it maintains. Until such amendment is made, this practice is required by law to comply with this notice. This practice is required by law to maintain the privacy of your health information and to provide you with the notice of its legal duties and practices with respect to your health information. If you have questions about any part of this notice or if you want more information about privacy rights, please contact our Privacy Officer by calling this office. Complaints about your privacy rights or how this practice has handled your health information should be directed to our Privacy Officer by calling this office. If you are not satisfied with the manner in which this office handles your complaints, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

This Notice is effective as of April 1, 2004.

I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide this practice with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and healthcare operations as described in the Privacy Notice.

____________________/____________________ ____________________

Patient's Name (Printed and signed) Date

________________________________ ____________________

Facility Signature Date