

Hilton Dental

Hilton Dental remains dedicated to providing optimal care for every patient and working with you to achieve that goal. We pride ourselves on helping you in any way and to continuing the quality of care which you have become accustomed.

Notice of Privacy Practices and Consent

I understand that, under the Health Insurance Portability & Accountability Act of 1996(HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- *Conduct, plan and direct my treatment and follow up among the multiple healthcare providers.*
- *Obtain payment from third-party payers.*
- *Conduct normal healthcare operations such as quality assessments and physician certification.*

I have been informed of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact Hilton Dental at any time to obtain a current copy.

Appointments

A scheduled appointment is a commitment of time between you and our practice. When this appointment is missed or cancelled, that time is permanently lost. We ask when you schedule an appointment that you make very effort to keep that commitment. If you find that you cannot keep your scheduled appointment, we ask you to provide a minimum of 48 hours notice. Failure to do so may result in a missed appointment fee.

Insurance

Hilton Dental has always been happy to work with patients covered by dental insurance. It is a very rare dental plan that covers 100% of dental fees. Our fees are the same for every patient, insured or not. Your insurance policy is a contract between your employer and the insurance company and benefits are based on terms negotiated between your employer and the insurance company. Our office will do everything possible to help you make the most of your dental insurance, but your insurer dictates your coverage and changes under their discretion, not your dental office.

Authorization and Consent

I hereby authorize and request the performance of dental services for myself and/or my dependent. I give my consent to any advisable and necessary dental procedures, medications, or anesthetics to be administered by the attending dentist or by the supervised staff for diagnostic purposes or dental treatment. I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth. I give my permission for the dentist to make any changes and additions as necessary. I understand and acknowledge that I am financially responsible for the services provided for myself or my dependent, regardless of insurance coverage. I also give Hilton Dental and any and all employees the right and permission to use and/or publish photographs, videos, x-rays for art, promotional or educational purposes.

In Case of Emergency please contact _____ **Phone** _____

Print & Sign Name

Date