**Notice of Privacy Practices**

**Our legal duty:**

Our office is required by law to maintain the privacy of your health information, to give you notice about how we do this and what your rights are.

**owHHHow How we use your health information:**

We use your health information for treatment, payment and healthcare operations. This means- We may discuss your health information with another doctor or healthcare worker involved in your treatment. We may use this information to obtain payment for your treatment from third parties such as insurance companies. We may also use this information for our internal operations such as training and quality assessment and to contact you about appointments using phone, mail or email. You have the right to decide who else, by specific signed authorization, has access to your health information such as family members, employers, marketing companies or other entities not directly related to our office or your treatment. We must disclose your health information when required to do so by law or if we believe your health or safety or the health or safety of others is threatened.

**Your rights:**

You may request, in writing, a copy of your health information. We may charge a reasonable fee for this service. Upon request, a more detailed and lengthy explanation of our policies is available.

Questions and Complaints- If you have any issues concerning the privacy of your health information, you may direct your complaints to the person listed below. You may also submit a written complaint to the US Dept. or Health and Human Services.

**Contact Officer:**

Doan Q. Tran, DDS

919-436-4200

Email: [briercreeksmilesdentistry@gmail.com](mailto:briercreeksmilesdentistry@gmail.com)

2121 T.W. Alexander Drive Suite 109

Morrisville, NC 27560

Thank you for helping our office comply with federal law on health information privacy policies.

**Acknowledgement of receipt of notice of privacy practices:**

I, , have received a copy of this office’s notice of privacy practices.

Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For office use only:**

We attempted to obtain written acknowledgement of our Notice of Privacy Practices, but could not because- Individual refused to sign, communication barriers existed, an emergency situation (circle one) or other reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brier Creek Smiles Dentistry**

2121 T.W. Alexander Drive Suite 109

Morrisville, NC 27560

919-436-4200 (O) 919-590-1855 (F)

**Appointments, Dental Insurance and Payment Policy**

Thank you for choosing Brier Creek Smiles Dentistry for your dental care. We strive to run on time so you won’t be kept waiting, and we ask you to arrive for your appointments on time as well. If you arrive more than 15 minutes past your scheduled appointment time, you will be asked to reschedule the appointment. We understand that you are busy, and your time is valuable to us. We only deviate from our schedule in the event of dental emergencies that require immediate attention.

Please call us at least two business days in advance for changed appointments. Missed appointments without this notification or repeated cancellations may incur a cancellation fee of $50. We want to work with you to schedule convenient appointment times for your visits to our office. As a service to our patients, we provide a courtesy appointment reminder call and possibly other important calls that may be placed using a prerecorded message. By providing your cell phone number, you consent to receiving such calls/messages.

As a courtesy, we will gladly assign payment for dental treatment from your insurance company directly to our office. Please keep in mind, dental insurance is a contract between you, your employer or plan sponsor, and the insurance company. These contacts vary widely; therefore, we will do our best to estimate the portion your insurance company will pay towards your treatment and process any claims needed. We cannot guarantee payment from your insurance company and your balance may be different than our estimate. In the event that your insurance company refuses to pay all or a portion of your claim, you will be responsible for payment of your dental treatment.

If you choose to have Brier Creek Smiles Dentistry assign payments for your dental treatment from your insurance company, you must agree to some conditions, such as:

1. You agree that charges you incur here are your responsibility regardless of what your insurance company pays or does not pay toward your treatment.
2. You agree to pay your bill in full if your insurance company has not paid, or underpays for your treatment. You understand that your insurance company may ask for additional information and we will provide this information upon request. If for any reason there is an overpayment on your account, a refund check or credit reversal will be issued to the party that overpaid.
3. You agree that we are not to be responsible for knowing the various scenarios in which your insurance does not pay for services. Such scenarios include preexisting conditions, waiting periods, frequency limitations, less costly alternatives, required pre-authorizations, etc. Your insurance company may use these and other reasons to avoid paying your claim. We will try to provide you with as much information as possible; however, we will not be responsible for knowing the various intricacies of your particular insurance contract. You will need to be responsible for knowing your benefits and informing us of any changes.

Brier Creek Smiles Dentistry offers various payment options to meet our patient’s needs. We do accept cash, debit cards and all forms of credit cards. We do reserve the right to require a deposit for extensive treatment procedures or appointments that are scheduled for individuals that have a history of broken appointments. This ensures that Dr. Tran is able to maximize his ability to serve you, the most important aspect of Brier Creek Smiles Dentistry.

I have read and agreed to the above statements:

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_