

Office Policies

Welcome to our dental office! Our focus is on prevention and early management of dental disease. We are honored that you have entrusted your child's care to us. We take great pride in providing a comfortable experience for children and their families.

Parent Information

Parents are welcome to accompany their child into the treatment areas. This gives you the opportunity to see our staff in action and allows the doctors to discuss dental findings and treatment needs directly with you. We do ask that if you accompany your child you assume the role of a silent cheerleader. It is important for us to establish rapport with your child and it is difficult if more than one person is speaking.

We take a picture for our chart and if the patient is in the "No Cavity Club," we enter them in a prize drawing and occasionally we put their picture and first name on our Facebook page. Please let us know if you do not want your child's picture displayed and we will be happy to oblige.

Appointment Policy

The time for your child's dental appointment has been exclusively reserved for you and your child. We require at least 24 hours notice be given as a courtesy to us and to other patients if you cannot make your scheduled time. For appointments cancelled within **24 hours** there is a **rescheduling fee**.

Financial Agreement

Payment is due in full for each appointment as services are rendered. If you have dental insurance, we will be happy to file your insurance benefits. Any amount determined not to be covered by your insurance company is payable at the time services are rendered; these fees may include deductibles, co-payments, and certain procedures not covered by your insurance policy.

We are committed to providing excellent dental care and guiding parents in choosing the best payment options. We accept cash, personal checks, Visa, MasterCard, American Express, Discover, as well as offer Care Credit Financing. If paying by check, there will be a charge of **\$35 for any check that is returned**.

Any questions you have are welcomed!

Acknowledgement of Office Policies and Financial Agreement

I have reviewed & understand the office policies and financial agreement.

Signature: _____ Date: _____

Consent for Use & Disclosure of Health Information

Our office is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your child's health information is never compromised is a firm principle of our practice.

Notice of Privacy Practices: The Notice of Privacy Practices describes the types of uses and disclosures of my child's protected health information that might occur in my child's treatment, in any payment for services, or in the performance of the office's health care operations.

I acknowledge that I have received the privacy practices and have had full opportunity to read and consider the contents of this consent form and Notice of Privacy Practices. I understand that, by signing this consent form, I am giving my consent to use and disclose my child's protected health information to carry out treatment, payment activities, and healthcare operations.

Signature: _____ Relationship to Patient. (if minor): _____ Date: _____

[HIPAA](#)
[Statement of Privacy Practices](#)
[Consent for Use and Disclosure of Health Information](#)

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[Protecting your child's personal health information](#)

We use and disclose the information we collect from you only as required by the Health Insurance Portability and Accountability Act and the State of Florida. This includes issues relating to your child's treatment, your payment, and our dental care operations. Your child's personal health information will never be given to anyone without your consent. You may give our office written authorization to disclose your child's information to anyone you choose. Our office and electronic systems are secure from unauthorized access, and our employees are trained to make certain that the confidentiality of your records is always protected.

[Notice of Privacy Practices](#)

You have the right to read our full Notice of Privacy Practices before you decide whether to sign this consent. Our notice provides a description of our treatment, payment activities, healthcare operations, and uses and disclosures we may make of your protected health information.

[Collecting protected health information](#)

We will only request personal information that we need in order to provide dental care, verify insurance information, collect reimbursement from individuals and insurance companies, conduct normal dental practice operations and comply with the law. This may include your name, address, telephone number, social security number, medical and dental history, etc. While we will collect most of the information from you, we may obtain information from third parties (such as medical doctors and insurance companies) if it is deemed necessary.

[Disclosure of your child's protected health information](#)

In certain circumstances, we are required by law to provide information to law enforcement and government officials. We will not use your information for marketing purposes without written consent. We may send reminders about your appointments, including voicemail messages, email, text messages and postcards. If a referral is required to another specialist we may send information such as x-rays by email to facilitate diagnosis and care.

[Patient rights](#)

You have the right to revoke the consent at any time by providing a written notice. Please understand that revocation of consent will not affect any action we have taken before we received your revocation, and that we may decline to treat or continue treating you if you revoke this consent. You have the right to request copies of your child's health care information in a variety of formats and request instances in which we or our business associates have disclosed your child's protected information of uses other than those stated above. All such requests must be in writing. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

To contact us for more information or to make a complaint regarding your child's personal health information, please call us at (904) 808-4700 or email us at info@stjohnskids.com.

We thank you for being a patient at St. Johns Pediatric Dentistry! Please let us know if you have any questions concerning your privacy rights and the protection of your child's personal health information.