

NAME: _____



HOUSTON CHILDREN'S

Office: (713) 481-9500
Fax: (713) 481-9534
info@houstonchildrens.com
www.houstonchildrens.com
7007 N Freeway, Suite 400
Houston, TX 77076

PREPARING FOR YOUR VISIT

Welcome to Houston Children's Dental Center!

We want to make your visit and treatment as pleasant as possible. Please follow the instructions listed below **VERY CAREFULLY** as you prepare for your dental treatment under General Anesthesia.

1. EATING AND DRINKING RULE BEFORE DENTAL THERAPY UNDER GENERAL ANESTHESIA

You may not eat or drink after **MIDNIGHT** the night before surgery. Food and drink consumed after midnight can cause problems such as choking or vomiting while under general anesthesia. Additionally, do not drink caffeinated beverages or alcohol twenty-four (24) hours prior to surgery. **IF YOU DON'T FOLLOW THIS RULE, YOUR APPOINTMENT MAY BE CANCELLED.**

If you have been advised to take medication by your doctor, please do so with a sip of water. If you have any questions regarding these instructions, please call (713) 481-9500 and ask to speak to a nurse.

2. GENERAL RULES TO FOLLOW BEFORE DENTAL THERAPY UNDER GENERAL ANESTHESIA

1. Remove all nail polish. Nail polish interferes with the sensors that monitor oxygen levels.
2. Bring an extra change of clothes. For younger patients, please bring an extra pull-up or diaper.
3. Wear loose, comfortable clothing.
4. Leave all necklaces, rings, earrings, watches, and other jewelry at home.
5. Ensure a responsible adult arrives with you, waits for you, and leaves with you when you are discharged.
6. Report any change, however minor, in medical status on the day of the procedure, including but not limited to, cold, flu, elevated temperature, suspected pregnancy, newly discovered allergies, or changes to medications you are taking.

If you have any questions regarding these rules, please call (713) 481-9500 and ask to speak to a nurse.

3. PLEASE BE ON TIME

Please arrive 15 minutes early to your appointment to allow adequate time to review documentation and prepare for surgery. After the procedure, you should expect to stay 30 – 60 minutes as the physicians and nurses monitor your recovery from anesthesia. The professional staff will discharge you once certain conditions have been met.

Your Appointment is Scheduled for: _____

You Should Arrive at: _____

PATIENT RIGHTS

1. Patient is treated with respect, consideration, dignity, and informed of his/her rights.
2. Patient has the right to exercise his/her rights without being subjected to discrimination or reprisal.
3. Patient is provided appropriate privacy.
4. Patient disclosures and records are treated confidentially, and patient is given the opportunity to approve or refuse their release, except when release is required by law.
5. Patient has a right to complete information, to the degree known, concerning his/her diagnosis, evaluation, treatment, and prognosis and to be informed about a treatment or procedure and the expected outcome before it is performed. When it is medically inadvisable to give such information to Patient, the information is provided to a person designated by Patient or to a legally authorized person. If Patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of Patient are exercised by the person appointed under State law to act on Patient's behalf. If a state court has not adjudged Patient incompetent, any legal representative designated by Patient in accordance with State law may exercise Patient's rights to the extent allowed by State law.
6. Patient is given the opportunity to participate in decisions involving his/her health care, except when such participation is contradicted for medical reasons.
7. Patient information is available to patient and staff concerning Patient conduct and responsibilities, services available at the organization, provisions for after-hours and emergency care, fees for services, payment policies, Patient's right to refuse to participate in experimental research, advance directives (as required by state or federal law and regulators), and credentials of health care professionals.
8. Patient has the right to change his/her provider if other qualified providers are available.
9. Patient has the right to be free from all forms of abuse or harassment.

PATIENT RESPONSIBILITIES

1. Patient shall provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
2. Patient shall follow the treatment plan prescribed by his/her provider and actively participate in healthcare decisions.
3. Patient shall provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider.
4. Patient shall inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
5. Patient shall accept personal financial responsibility for any charges not covered by his/her insurance.
6. Patient shall be respectful of all the health care providers and staff, as well as other patients.

PATIENT SUGGESTIONS, GRIEVANCES, AND COMPLAINTS

If Patient has a suggestion, complaint, or grievance, Patient may speak with Houston Children's Dental Center's Administrator in person or by phone. Additionally, Patient may contact state and/or federal offices as well.

Administrator

Phone: (713) 481 – 9500
Houston Children's Dental Center
Attention: Administrator
7007 North Freeway, Suite 400
Houston, TX 77076

Texas DSHS

Phone: (888) 973 – 0022
Health Facility Compliance Group
Texas DSHS
PO Box 149347
Austin, TX 78714

Medicare Ombudsman

1-800-MEDICARE
www.cms.hhs.gov/center/ombudsman.asp

NOTICE OF PRIVACY PRACTICES – APRIL 1st, 2011

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

Houston Children's Dental Center, LLC ("The Facility") uses this Notice of Privacy Practices ("Notice") to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). HIPAA was enacted by Congress to establish standards for protecting the confidentiality and security of your health information. This document is available in Spanish.

Purpose

The Facility and its professional staff, employees, and credentialed Medical and Dental Staff follow the privacy practices described in this Notice. This Notice, which was developed to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), describes the general ways your protected health information ("PHI") may be used and disclosed in order for The Facility to provide you with medical and dental treatment, to collect payment for the services rendered to you by The Facility, and to facilitate The Facility's health care operations.

PHI, as defined by HIPAA, means your personal health information that is found in your medical and billing records and that relates to your past, present, or future physical or mental health conditions or the provision of payment for services related to those health conditions. During the course of treatment, payment, and health care operations activities, this may include information created or received by health care providers, insurance companies, and/or your employer.

Your Health Information Rights

You have the following rights regarding your PHI. To exercise any of the following rights, you must submit a written request. To obtain forms relating to PHI, please contact The Facility at 713-481-9500.

- **Right to a copy of this Notice.** You may obtain a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You do not have to submit a written request to obtain the Notice. Paper copies of this Notice may be obtained at The Facility's reception desk.
- **Right to inspect and copy.** You may inspect and/or receive a copy of your PHI maintained by The Facility.
- **Request amendment.** If you believe your PHI maintained by The Facility is incorrect or incomplete, you may request an amendment to your information. The Facility is not required to agree to your request.
- **Request restriction.** You may request limitations on how The Facility uses and/or discloses your PHI. The Facility is not required to agree to your request. If The Facility agrees to your request, The Facility will comply with your request unless the use or disclosure is necessary in order to provide you with emergency treatment or is otherwise required by law.
- **Receive confidential communications.** You may request that communications from The Facility regarding your PHI be provided to you in a certain way or at a certain location. For example, you may prefer to receive mail regarding your PHI at an address other than your usual mailing address. You must specify how or where you wish to be contacted.
- **Accounting of disclosures.** You may request a list of disclosures made by The Facility of your PHI to persons or entities other than for the purposes of treatment, payment, or health care operations, or pursuant to your specific authorization. This list will contain each disclosure The Facility has made for the past six (6) years.

The Facility Responsibilities

The Facility is required by law to ensure your PHI is kept private in accordance with federal and state law and provide you with

notice of The Facility's legal duties and privacy practices with respect to your PHI. The Facility is required to abide by the terms of this Notice as long as it is in effect. If The Facility revises this Notice, The Facility will follow the terms of the revised Notice as long as it is in effect.

Use and Disclosure of Your Protected Health Information

The following is a list of ways The Facility may use and disclose your PHI. Not every possible use or disclosure in any given section is listed. However, all of the ways The Facility is permitted to use and disclose your PHI will fall within one of the sections below

- **Treatment.** The Facility may use your PHI to provide you with medical treatment or services. The Facility may disclose your PHI to doctors, nurses, technicians, medical students, or other members of your health care team at The Facility to keep them informed about your care status or condition as necessary. The Facility also may disclose your PHI to people outside The Facility who may be involved in your medical care such as health care providers who will provide follow-up care after surgery, including, but not limited to, dentists and primary care physicians.
- **Payment.** The Facility may use and disclose your PHI to obtain payment from your insurance company or a third party. Also, The Facility may disclose your PHI to your other health care providers to assist those providers in obtaining payment from your insurance company or a third party.
- **Health Care Operations.** The Facility may use and disclose your PHI for routine health care operations. Health care operations at The Facility include, but are not limited to, training and education programs, reviewing the quality of care provided by health care professionals, obtaining health insurance or stop-gap insurance, conducting legal services and auditing services, conducting business planning and development activities, conducting risk management activities and investigations, and managing the business and general administrative activities of The Facility. The Facility may also disclose your PHI to your other health care providers to assist them in their health care operations.
- **Appointments and Alternatives.** The Facility may use and disclose your PHI to contact you to provide appointment reminders, prescription refill reminders, information about disease management or wellness programs, and other communications regarding your case management or health care coordination.
- **Business Associates.** The Facility may disclose your PHI to The Facility's business associates in order to carry out treatment, payment, or health care operations.
- **Coroners, Medical Examiners, and Funeral Directors.** The Facility may disclose PHI to a coroner or medical examiner to identify a deceased person, to determine the cause of death, or as otherwise permitted by law. The Facility may also disclose PHI to funeral directors as necessary to carry out their duties.
- **Correctional Institutions.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, The Facility may disclose your PHI to the correctional institution or law enforcement official to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution or law enforcement official.
- **Group Health Plans.** The Facility maintains a group health plan for its employees, and may disclose PHI of individuals covered under this plan to the sponsor of the group health plan, as permitted by law.
- **Health Oversight Activities.** The Facility may disclose your PHI to a health oversight agency or entity for activities authorized by law such as audits, investigations, inspections, and licensure.
- **Health-Related Benefits and Services.** The Facility may use and disclose your PHI to inform you about health-related benefits or services that may be of interest to you or to provide you a promotional gift of nominal value.
- **Individuals Involved in Your Care or Payment for Your Care.** The Facility may disclose your PHI to a family member, other relative, close personal friend who is involved in your medical care, or to someone who helps pay for your care if the PHI disclosed is directly relevant to such person's involvement with your care, unless you tell us otherwise.
- **Law Enforcement.** The Facility may disclose your PHI for law enforcement purposes, as required by law or in response to a valid subpoena.
- **Lawsuits and Disputes.** The Facility may disclose your PHI in response to a court or administrative order. The Facility may

also disclose your PHI in response to a valid subpoena, discovery request, or other lawful process provided that efforts have been made to tell you about the request or to obtain an order protecting the information requested, as required by law.

- **Organ and Tissue Donation.** The Facility may disclose PHI to organizations that handle organ procurement; organ, eye, or tissue transplantation; or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Public Health Activities.** As required by law, The Facility may disclose your PHI for public health activities, including, but not limited to, the prevention of disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; and notifying government authorities of suspected abuse, neglect or domestic violence. The Facility may disclose portions of your PHI to local, state, and/or federal registry programs as required.
- **Research.** The Facility may disclose your PHI to researchers when the research has been legally approved and protocols have been established to ensure the privacy of your PHI.
- **Serious Threat to Health or Safety.** The Facility may use and disclose your PHI when The Facility deems it necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Workers' Compensation.** The Facility may disclose your PHI to workers' compensation or similar programs to the extent necessary to comply with laws relating to worker's compensation or similar programs.

Written Authorization

Except as described above, The Facility will not use or disclose your PHI unless you authorize The Facility to do so, in writing, on the form provided by The Facility. You may revoke any prior authorization in writing. A written revocation will not apply to any previous use or disclosure of PHI made in good faith under a prior authorization. An Authorization Form and Revocation of Authorization Form are available upon request. To obtain these forms, please contact The Facility at 713-481-9500.

Changes to This Notice

The Facility reserves the right to change this Notice and to make the revised Notice effective for PHI The Facility already has about you as well as any information The Facility receives in the future. A copy of the current Notice or a summary of the current Notice will be posted at The Facility and on our website, <http://www.houstonchildrens.com>. The effective date of the Notice will appear on the first page of the Notice or summary. In addition, each time you register at or are admitted to The Facility for treatment or health care services, The Facility will have available for you, at your request, a copy of the current Notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with The Facility at (713) 481-9500 or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint.

Contact

If you have any questions about this Notice or your privacy rights or wish to obtain a form (see below) to exercise your rights as described above, you may contact The Facility at (713) 481-9500.

Forms Available

Notice of Privacy Practices (English/Spanish)	Restriction of Protected Health Information
Authorization for Disclosure	Request for Amendment
Patient Request for Access to Protected Health Information	Revocation of Authorization

ADDITIONAL INFORMATION DELIVERED TO PATIENT

Scope of Services

Health Care Professionals at Houston Children's Dental Center provide dentistry and anesthesia services.

Credentials of Health Care Professionals

Dental Providers: All dental providers privileged and credentialed at Houston Children's Dental Center are actively licensed by the Texas State Board of Dental Examiners. Additional credentials may be available upon request. Please contact (713) 481-9500 for further information.

Anesthesia Providers: All anesthesia providers privileged and credentialed at Houston Children's Dental Center are actively licensed by the Texas Medical Board. Additional credentials may be available upon request. Please contact (713) 481-9500 for further information.

Physician Ownership

In accordance with Federal Ambulatory Surgical Center Regulations (42 C.F.R. 416.50(a)(ii)), the following ownership disclosure is hereby made in advance of the date of the procedure: The following Physician is an owner in Houston Children's Dental Center, LLC: James T. Craig, DDS. The provider who will be performing your procedure may be an owner. You have the option to be treated at another health care facility.

Normal Hours of Operations

Houston Children's Dental Center's normal hours of operations are 6:30 AM – 4:30 PM, Monday – Friday. Surgeries are performed from 7:00 AM – 4:00 PM, Monday – Friday. Additionally, Houston Children's Dental Center is open from 7:00 AM – 2:00 PM on select Saturdays and will remain open to accommodate cases requiring late discharge throughout the week.

Provisions for After-Hour and Emergency Care

Emergency care is not provided after hours. In case of a medical emergency, Patient should dial 911. For non-emergency after-hours care, Patient may contact Houston Children's Dental Center's Office Manager at (713) 481-9500 for further instructions.

Payment Policies

Payment for treatment received at Houston Children's Dental Center must be made on the day of service. When Patient has insurance, Houston Children's Dental Center will bill Patient's insurance company for covered services. Patient accepts personal financial responsibility for any charges not covered by his/her insurance company. If Patient's outstanding balance is sent to a collections agency, all related fees and court costs will be paid by Patient.

Advance Directives

Patient has the right to formulate an Advanced Directive. In accordance with State and Federal law, Houston Children's Dental Center hereby informs Patient that it is not required to honor and will not honor Advance Directives or Out-of-Hospital Do-Not-Resuscitate Orders. Houston Children's Dental Center shall, upon request, provide Patient with an informational brochure on Advance Directives and options for Advance Directives, in English and/or Spanish. Please contact (713) 481-9500 to request these documents. If Patient should provide his/her Advance Directive to Houston Children's Dental Center, a copy will be placed on Patient's medical record and transferred with Patient should a hospital transfer be required.