

**NOTICE OF PRIVACY PRACTICES**  
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**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.**

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth; prescribing medications and faxing them to be filled; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or dental care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

**HONESTY:** You have the right to current and understandable information concerning your diagnosis, various treatment options and estimated treatment costs. If you do not understand something, please ask. One of our most important jobs is keeping you informed.

Original x-rays belong to our office however, duplicates can be made and mailed to the recommended specialist. An authorization for release of identifying health information will need to be signed to respect your privacy.

**PRIVACY:** You have the right to every consideration of privacy. This means that your case discussion, consultation, examination and treatment should be conducted as to protect your privacy. Similarly, you have the right to expect that all written communications and records about your treatment be treated as strictly confidential, except in cases permitted or required by law, such as suspected abuse or public health hazards.

Legal adult patients are 18 years and older. We will need verbal or written permission from patients to discuss their treatment to another person (i.e., parent, grandparent, etc.) except in cases permitted or required by law.

**DISSATISFACTION:** Should we ever fail to live up to your expectations, please let us know immediately. The sooner you alert us to your dissatisfaction the better chance we have to correct it. If you don't fully understand an explanation from your dentist or caregiver, please say so. Don't be embarrassed to ask questions. One of our most important jobs is helping you understand your dental condition and the dental choices available to you.

**SERVICE QUALITY:** We strive to treat all patients with compassion and dignity and with our best dental treatment possible. Sometimes, despite our best intentions, problems arise. If that happens, we encourage you to first discuss them with your dentist or ask to speak to the office manager. Also, "How are we doing" forms are located in the waiting room for you to fill out and turn in to us.

**PATIENT RESPONSIBILITIES:** In order for us to give you the best care possible, we need your help. By assuming the following responsibilities, you can contribute to your dental care in a positive way. We ask that you:

Provide us with updated personal information each time you visit and before you are called back for your appointment. A current health history and medication list will be required every year.

Report all unexpected changes to your dental health to your care provider.

Report symptoms of pain as soon as they begin.

Be sure to let us know if you do not fully understand your recommended dental treatment.

Take responsibility for your own dental well being outside of the dental office.

Be considerate of the rights of other patients and office staff while waiting. Cell phones should be turned off while you are in the office.

Refrain from behavior that is threatening or disruptive to the treatment of others or is abusive to the staff. Any negative disruptive type of behavior (verbal or physical) may result in us having to ask you to find another dental office to serve your needs.

Regardless of the type of insurance coverage you have, the bottom line is that we are not responsible if they do not pay. We will help you as much as we can and will bill all insurance companies with exception of managed care plans or DSHS. However, we are providing this service as a courtesy and you are ultimately responsible to understand your own policy. We encourage you to call your insurance to inquire about the coverage you have. You are responsible for the balance on your account whether your insurance company pays their portion or not. All unpaid account balance will accrue a monthly finance charge of 1.5% and is compounding.

We appreciate your business and are happy to have you with our practice. Thank you.

Signature \_\_\_\_\_