

# Ellen M. Pacleb DDS

1307 Solano Avenue | Albany, Ca. 94706  
(510) 527-7933

## Office Policies and Financial Agreement

Thank you for choosing, Dr. Ellen Pacleb for family dentistry. Our office is committed to providing you with the best possible care. The following is a statement of our Financial Policy which we require you to read and sign prior to receiving any treatment

### **Regarding Payment**

We gladly accept several forms of payment which include Cash, Check, Mastercard, Visa, American Express and CareCredit. Payment is expected at the time of treatment unless arrangements were made in advance with our billing receptionist.

Insurance co-payments are also expected at the time of service.

### **Regarding Insurance**

It is important to understand that the insurance contract is between the insurance company and you, the insured. Our office will gladly submit your insurance claim to your insurance carrier, as a courtesy to you. At the time of treatment, the patient/guarantor is responsible for the estimated portion that the insurance does not cover. If for some unforeseen reason your insurance carrier has denied or not made payment within 60 days, the patient/guarantor is responsible for the balance in full. Due to pending claims and patient privacy issues, we do not always know how much an insurance company has already paid to another office or specialist and the balance remaining on a yearly maximum. Pending treatment will default to a standard office fee, once your insurance policy has reached its maximum.

Dental insurance was not designed to pay for all dental care. Our goal is to maximize the amount of your care covered by your insurance benefits. However, it is important to understand that treatment recommendations made by Dr. Pacleb are based on an individual's needs, and not necessarily based on what insurance coverage is available.

### **Cancellation Policy**

If you are unable to keep an appointment, we ask that you kindly provide us with a minimum of 48hr business day notice. If we are not notified and an appointment is broken there will be a failed fee charge. Our office does not accept cancellations via text or email. We kindly ask that you call during our normal office hours. This courtesy on your part will make it possible to give your appointment to another patient who needs to see the Dentist or Hygienist

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

Ellen M. Pacleb, D.D.S.

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## **Notice of Privacy Practices**

All information that is obtained from you by this office is protected and kept confidential. Every reasonable measure to prevent unauthorized disclosure of your protected health information is practiced.

### **Uses and Disclosures**

- Your protected health information is accessed and used for healthcare and related purposes only.
- Your protected health information is never sold, rented, transferred, exchanged, and/or used for non-healthcare related purposes including marketing activities without your written authorization
- Your protected health information is disclosed to third-party entities without your written authorization for the purpose of treatment, to obtain payment for treatment, and for healthcare operations.

### **Certain Circumstances**

Your protected health information can be disclosed without your written authorization in certain limited circumstances.

- Medical emergencies
- In situations required by law
- Individuals involved with your care
- When requested by public health agency
- When requested by a law enforcement agency

For any purpose other than treatment, obtaining payment, healthcare operations, or certain circumstances, we will ask for your written authorization before using or disclosing your protected healthcare information. If you choose to sign an authorization to disclose protected health information, you can revoke that authorization in writing at any time.

### **Patient Rights**

- You have the right to request in writing to inspect and/or receive a copy of your health information.\*\*
- You have the right to request an alternative means or location to receive communications regarding your health information. \*\*
- You have the right to request in writing to amend, correct, or delete and recorded health information within our possession.\*\*
- You have the right to request in writing to restrict some of the uses and disclosures of your health information.\*\*
- You have the right to request in writing an accounting of certain disclosures of your health information that were made by this office.\*\*

\*\*Conditions and limitations may apply: obtain additional information from the front desk.

**Changes to This Notice: We reserve the right to change privacy practices and the conditions of this notice at any time and without prior notice. In the event of changes, an update notice will be posted and a copy will be sent to you.**

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## **Protecting the Confidentiality of Your Health Information**

It is our desire to communicate to you that we are taking the new federal (**HIPAA – Health Insurance Portability and Accountability Act**) laws written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside our office.

The most significant variable that has motivated the Federal Government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The Government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also with the internet, phone, faxes, copy machines, and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures in which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

We Will use and communicated your HEALTH INFORMATION only for the purposes of providing your treatment, obtaining payment and conducting healthcare operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written consent.

**If you have any questions or concerns, please contact the front desk.**