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## **SCHOOL SMILES ON-SITE DENTAL PROGRAM**

Please fill out the attached form **TODAY** and return to your child's school if your child does not have a current dentist. **If you participated in our program last year, a NEW form must be filled out.** We come right to the school for your child's dental care so there is no reason to be absent for a dental appointment again.

**We accept Medicaid, most private insurance plans, and offer Grant Scholarship Funds for those uninsured on a first-come-first-served basis.**

### **School Smiles On-Site Dental Program Provides:**

- Dental care is provided by a state licensed dentist at school during school hours.
- All services provided within the safety of the school with minimal classroom time lost.
  - Routine dental check-ups scheduled every 6 months.
  - Restorations, Crowns, and Dental Hygiene Instructions.
- Free toothbrushes, toothpaste, floss, and other dental supplies to those enrolled!

Our goal is not only to reduce the rate of tooth decay in children, but to also increase the overall awareness of the importance of proper oral health and how it impacts a child's educational experience.



**School Smiles can become your child's Dental Home!**

We take care of all necessary paperwork and insurance billing.

**Should you have any questions, please feel free to contact us at 1.855.497.6453**

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**[www.schoolsmiles.com](http://www.schoolsmiles.com)**

## Notice of Privacy Policies

**School Smile's** Legal Responsibilities: As mandated by federal and State legal requirements, your child's health information must be protected. We are required to ensure you are aware of privacy policies, legal duties and your rights to our protected health information. This notice of privacy policies, outlined below, will be in effect for the duration of treatment and must be followed by our practice.

We reserve the right to modify our privacy policies and the terms of this notice at any time and will make such modifications within the guidelines of the law. We reserve the right to make the modifications effective for all protected health information that we maintain, including protected health information we created or received before the changes were made. Changing this notice will precede all significant modifications. This notice will be available upon request.

Copies of this notice are available at your request. For your convenience, information regarding how you can contact us is at the bottom of the notice.

### Protected Health Information Use and Disclosure

Information regarding your child's health may be used and disclosed for the purpose of treatment, payment and other health care operations. Examples cited below further explain the use and disclosure process.

**TREATMENT:** Use and disclosure of your child's protected health information may be provided to a physician or other health care provider providing treatment to your child

**PAYMENT:** Your child's protected health information may be used and disclosed to obtain payment for services we provided to your child.

**EMERGENCIES:** We may disclose your child's health information to notify or assist in notifying a family member or another person responsible for their care, about your child's medical condition in the event of an emergency or of your child's death.

**REQUIRED BY LAW:** Your child's protected health information may be used or disclosed if required by law. For example, for public health reasons in relation to disease, disability reporting child abuse or neglect, reporting domestic violence, reporting Food and Drug Administration problems and reactions to medications and reporting disease or infection exposure.

**PUBLIC SAFETY/LAW ENFORCEMENT:** Your child's health information may be disclosed to law enforcement for purposes of identifying or locating a suspect, fugitive, or missing person; or in the event of a serious imminent threat to the health and safety of a person or the general public.

**APPOINTMENT REMINDERS:** Your child's protected health care information may be used to assist you with appointment reminders in the form of voicemail messages, postcards and letters.

### Patient Rights

**ACCESS:** You have the right at all times to review your child's protected health information, with limited exceptions. At your written request, we will provide you with your child's information. You have the right to have your child's health information received or communicated through alternative method or sent to an alternative location other than usual method of communication or delivery upon request. You have a right to receive an accounting of disclosures of your child's protected health information made by this practice.

**RESTRICTIONS:** You have the right to request restrictions on certain uses and disclosures of your child's health information. Please be advised; however, that we are not required to agree to the restriction you requested. If we agree to follow your request regarding additional restrictions, we will follow the agreed restrictions unless an emergency situation dictates otherwise.

**AMMENDMENT:** You can initiate a written request to amend your child's protected health information. Included in this amendment must be an explanation why information should be amended. Certain conditions may exist where we reject your request.

**QUESTIONS/COMPLAINTS:** Questions or complaints about your privacy rights or how your child's health information has been handled, please contact:

#### School Smiles

Luis Garabis, DDS

1499 Windhorst Way, Suite 100

Greenwood, IN 46143

Phone: 1.855.49SMILE

Fax: 317.886.6636

Contact us at: [contactus@schoolsmiles.com](mailto:contactus@schoolsmiles.com)

If you are not satisfied with the way in which your complaint is handled, you may file a formal complaint with the U.S. Department of Health and Human Services.