Onsite Dental

FSD145 Freeport School District

Stephenson County Health Department

DENTAL SCREENING CONSENT FORM

ESPANOL REVERSO →

Dear Parent or Guardian,

ONSITE DENTAL has partnered with our school to arrange for preventive dental services for eligible children. These services may include an exam, cleaning, fluoride treatment, sealants (a protective coating on the chewing surfaces of back teeth) and dental education. Licensed dentists, hygienists and assistants will come to your child's school with portable dental equipment during the school day. In order for your child to receive these services you must provide all the information requested below and sign in the area indicated.

If you are not interested in this program, please print only your child's name and date of birth, and write "NO" on the top of this form.

Child's Name: (last, first name)	Male _____ Female _____	D.O.B.: (MM/DD/YYYY)
Home Phone:	Cell Phone:	Work Phone: ext:
Address:	City:	Zip: County:
School:	Grade:	
Teacher:	Preferred Language:	
Ethnicity: Hispanic _____ Non-Hispanic _____		
Race: African American __ White__ American Indian / Alaska native __Asian / Pacific Islander ___ Other _____		
Does your child have any medical history that may complicate dental treatment?		
Heart Murmur? Yes ___ No___	**Latex Allergy? Yes __ No___**	**Blood Disorder? Yes ___ No ___**
Does your child qualify for free/reduced meals? YES ____ NO ____	Number of family members:	
Income per year (optional, but could be used to determine eligibility) : $		
Is your child enrolled in the "ALL KIDS" Program (Public Aid /Medicaid/Kid Care)? YES ____ NO ____		
If no, would you like to be contacted for more information on the "ALL KIDS" Program?		
If yes, please include your child's Medical Card ID Number: (9 digit ID number on back of Medi-Plan Card)		
Is your child covered by private dental insurance? Yes _____ No_____		

In signing this form, you give permission for your child to be treated by one of the listed providers. Your signature also verifies that **you have read this form regarding HIPAA.** This also gives permission for: IDPH QA audits, providers to return to your school and re-check your child's sealants, and the school to release address and telephone information as necessary to: OnSite dental. This authorization will expire 24 months from the date signed.

Signature:	Date:
Are you legally responsible for this child? Yes / No	Relationship:

Notice of Privacy Practices for Protected Health Information

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

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Example of uses of your health information for treatment purposes:
A nurse obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

Example of use of your health information for payment purposes:
We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of Use of Your Information for Health Care Operations:
We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights
The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted;
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact **Jason M. Grinter DDS** in person or in writing, during normal hours. He will provide you with assistance on the steps to take to exercise your rights.

Our Responsibilities The practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information or File a Complaint
If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Jason M. Grinter DDS Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Jason M. Grinter DDS You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

Other Disclosures and Uses
Notification Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.
Communication with Family Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.
Food and Drug Administration (FDA) We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.
Workers Compensation If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.
Public Health As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
Abuse & Neglect **We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.**
Correctional Institutions If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.
Law Enforcement
We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.
Health Oversight
Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.
Judicial/Administrative Proceedings We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.
Other Uses Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided. Website **If we maintain a website that provides information about our entity, this Notice will be on the website.**