

Office Policies

Missed Appointments

Dr. Slawek and his associate Dr. Lepore's appointments are scheduled based on something called "Doctor Time". This basically means that it has been determined, based on the type of appointment, how much time is required by the orthodontist and the assistants to take care of the patient's needs. Even though each chair is filled, the orthodontist is never scheduled to be in two places at the same time. We are often asked if we can squeeze someone in but this does not work because an unscheduled patient that is squeezed into the schedule will cause a traffic jam which would result in someone else waiting 15-30 minutes for their scheduled appointment. For this reason, should you miss an appointment, unless we have an opening due to a cancellation, you may not be able to get your desired appointment time. If you need to be seen sooner than this, we can usually make arrangements to see you during school hours when we do not see as many patients. Also, should you leave our office without making an appointment, we may not have an opening during the time frame that the doctor wanted to see the patient. As you can see, missed appointments can result in prolonging the patient's treatment.

Tardiness

Our office strives to see all of our patients at their appointed times. Sometimes, we fall behind for no obvious reasons. Sometimes a parent requires additional time for explanation or instructions. You see, we try not to let anyone leave our office without knowing what has occurred during the visit and we also want to make sure that the patients are doing a proper job of taking care of their teeth. We have worked these circumstances into our schedule so that the schedule can stay fairly close to being on time.

Should a patient be scheduled for a 3:00 appointment and not arrive until 3:15 or later, it may not be possible to see them. Our appointments are scheduled on 15 and 30 minute intervals and seeing this patient would mean that someone else who had arrived on time could not be seen at their appointed time. If seeing the late patient results in other patients being seen late, we will ask that the appointment be rescheduled. Of course, if there is any possibility of seeing the patient, we will. We do not want to inconvenience anyone. If you think that you are going to be late, give us a call and we will see what we can do for you.

Broken Appliances

Broken appliances are a part of orthodontic treatment. It goes with the territory. With braces sometimes the patient has received trauma to the mouth or maybe they just decided that it would not hurt to cheat a little on the "No Eats List". With a retainer, often the appliance is lost on the lunch tray, gets left in the book bag or is accidentally broken.

The average patient will break two brackets during their course of treatment. Sometimes brackets will come loose while the patient is just sitting around, but this only happens if the brace has already been somewhat loosened at an earlier date but did not fully break free from the tooth.

We understand and do not get upset about it. But, we do want you to know that broken brackets will result in a delay in treatment. We also want you to know that any appointment that involves the placement of braces must be done during school hours. This is a long appointment. It cannot be done before or after school because

everyone wants to be seen at this time. Also, we let the patients know that the first 5 broken braces (5 times the normal breakage) are on us. After that, there may be a charge for each additional broken bracket. We will let them know each time a bracket or band is broken and how many more freebies they have before THEY have to pay for the appointment. Broken brackets are also the number one reason we fall behind in our schedule, so, please call ahead to let us know if one of your brackets is broken so we can work the repair into our schedule.

Broken or lost retainers incur an additional fee. It happens. Call the office immediately for an appointment. This is a longer appointment because we may have to take impressions and the patient has to be seen during school hours. Broken retainers are often repaired and there will be an additional charge for repairs. The cost for a wire replacement retainer is \$175. We encourage our patients to always keep their retainers in their cases when they are not in their mouth to prevent accidental loss and breakage. We will do everything possible to provide you with a temporary retainer until your new one arrives from the lab. Retainer insurance is available but it must be purchased before your first retainer is inserted. Please see someone in the business office for more information.

We are here to serve you. Please let us know if there is anything we can do to improve your time spent with us!

HIPPA privacy statement

Patient Consent Form

I understand that I have certain rights to privacy regarding my protected health information. These rights are given me under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of your practice.

I have also been informed of, your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPPA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health care information is used and disclosed to carry out treatment, payment, and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

PATIENT NAME (print) _____
Relationship to Patient _____
Signature _____ Date: _____