

## NOTICE OF PRIVACY PRACTICES / PATIENT ACKNOWLEDGMENT FORM

**Effective Date:** \_\_\_\_\_

### Our Commitment to Your Privacy

We respect your privacy and are committed to protecting your personal health information (“PHI”). This Notice describes how we may use and disclose your PHI, your rights regarding your PHI, and our legal duties under the Health Insurance Portability and Accountability Act (HIPAA) and applicable state laws.

### How We May Use and Disclose Your Information

We may use or share your health information in the following ways:

- **Treatment:** To provide, coordinate, or manage your orthodontic care, including sharing information with your dentist, lab, or other healthcare providers.
- **Payment:** To bill and receive payment from insurance companies or other responsible parties.
- **Healthcare Operations:** For business and administrative functions such as quality assessment, staff training, and compliance audits.
- **As Required by Law:** When required by federal, state, or local law, court order, or public health reporting.
- **Individuals Involved in Your Care & Disaster Relief:** Limited information may be shared with a family member, friend, or person involved in your care, or for disaster relief, as permitted by law. If you object, tell us and we will not share.
- **Business Associates:** We may share PHI with vendors who perform services for us (e.g., billing or IT support). These entities are required to safeguard your PHI.
- **Appointment Reminders & Health-Related Notices:** We may contact you with appointment reminders or information about treatment options.
- **Marketing & Sale of PHI:** We will **not** use your PHI for marketing or sell your PHI without your **written authorization**, except as permitted by law (e.g., face-to-face communications or nominal promotional gifts).

Other uses and disclosures will be made only with your written authorization. You may revoke your authorization at any time in writing.

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### Your Rights Regarding Your Health Information

You have the right to:

- **Inspect and Copy** your health records (paper or **electronic** when readily producible) and direct us to transmit a copy to a third party. Reasonable, cost-based fees may apply where allowed.
- **Request Amendments** if you believe information is inaccurate or incomplete.
- **Request Restrictions** on how we use or disclose your information. If you (or someone on your behalf) **pay in full, out-of-pocket** for a service, you may request we **not disclose** that service to a health plan for payment or operations, unless disclosure is required by law.
- **Request Confidential Communications** (for example, have us contact you using a different address or phone number).
- **Receive a Paper Copy** of this Notice at any time, even if you agreed to receive it electronically.
- **Receive Breach Notification** in the event of a breach of unsecured PHI.
- **How to Exercise Your Rights:** Submit written requests to the Privacy Officer listed below. We will respond within legally required timeframes and explain any denial and your options.
- **Fundraising:** We **do not** use your information for fundraising. If that changes in the future, you will have the right to **opt out** of any fundraising communications.

### Our Legal Duties

- We are required by law to maintain the privacy and security of your PHI.
- We must provide you with this Notice and abide by it while it is in effect.
- We may revise this Notice at any time, and the new Notice will apply to all PHI we maintain. You may obtain a copy of the current Notice at our office(s) and on our website (if applicable).

### Electronic Communication (Email/Text) – Optional

With your consent, we may contact you by **email and/or text** for appointment reminders, billing notices, and limited care coordination. Email and text can involve security risks (messages could be read by someone with access to your device/account).

☐ **Yes**, you may contact me by: ☐ Email ☐ Text

Preferred email: \_\_\_\_\_

Preferred mobile #: \_\_\_\_\_

You may revoke this preference at any time by notifying us.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

#### Privacy Officer:

Jeffrey Drake

6801 Gaylord Pkwy Ste 402, Frisco, TX 75034

privacy@bondortho.com

You may also file with the **U.S. Department of Health and Human Services, Office for Civil Rights** (and any applicable state agency). We will **not retaliate** against you for filing a complaint.

### Patient Acknowledgment (HIPAA Notice Receipt)

By signing below, I acknowledge that I **received** the Notice of Privacy Practices. I understand this acknowledgment is **not a consent to treatment** and that the practice **will not condition treatment** on my signing this acknowledgment.

Patient Name: \_\_\_\_\_

Signature (or Legal Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

If signed by a personal representative, relationship to patient: \_\_\_\_\_

## POTENTIAL RISKS AND LIMITATIONS OF ORTHODONTIC TREATMENT (Consent)

Orthodontic treatment is elective and, like any treatment, has risks and limitations. Please read carefully and ask questions.

**Cooperation:** Wearing elastics/removables as directed, keeping appointments, and good hygiene are essential. Lack of cooperation often leads to longer treatment, added costs, and suboptimal results.

**Decalcification & Cavities:** Poor hygiene and sugary foods increase risk of stains, decay, gum disease, and loose/broken appliances.

**Periodontal Problems:** Plaque accumulation can cause inflamed/bleeding gums and bone loss. Patients prone to gum disease may need periodontal care; in severe cases, treatment may be paused or discontinued.

**Root Resorption:** Some patients experience shortening of tooth roots during treatment. In healthy conditions this usually isn't problematic, but with significant periodontal issues, tooth longevity may be affected.

**TMJ Problems:** Symptoms (jaw/ear pain, headaches, neckaches) may occur with or without orthodontics. Orthodontics may help dental contributors but not non-dental causes; additional therapies or surgery may be needed.

**Root Canals:** Previously injured or heavily restored teeth can lose vitality (with or without orthodontics) and may require root canal therapy.

**Relapse:** Teeth may shift after treatment. Contributing factors include growth, habits, wisdom teeth, and muscle patterns. **Consistent retainer wear** is the best defense.

**Digit Habits & Muscle Habits:** Thumb/finger habits and atypical swallowing can prolong treatment and cause relapse; retreatment may require additional fees.

**Jaw Growth Variations:** Excessive or insufficient growth may require plan changes (extractions or jaw surgery). Substantial changes after active treatment may necessitate retreatment (additional fees).

**Impacted Teeth:** Moving impacted teeth can lead to periodontal issues or, rarely, failure to move; extraction and prosthetic replacement may be needed.

**Oral Surgery:** Extractions or jaw surgery may be necessary for certain problems and carry rare but serious risks; discuss with your surgeon/dentist.

**Headgear:** Misuse can cause facial/ocular injury despite safety features; follow instructions carefully.

**Ceramic Brackets:** May cause enamel wear and can fracture (rarely swallowed/inhaled).

**Allergies:** Reactions to orthodontic materials can occur; inform us of known allergies.

**Unusual Events:** Rare events include swallowing a small part, dislodged restorations, abscess or cyst formation.

**Treatment Time:** Can exceed estimates due to cooperation, hygiene, missed visits, or growth patterns. In some cases, treatment may be ended early with retainers if in your best interest.

**Necessary Dental Work:** Complete needed dental care before treatment and maintain regular checkups (children: ~6 months; adults: scaling/cleaning every 3–6 months as advised).

I have read and understand the above, asked questions, and consent to orthodontic treatment for:  
**«Patient\_Full\_Name».**

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AI DISCLOSURE

Our practice uses **Artificial Intelligence (“AI”) technologies** as part of its standard operations to improve efficiency, quality, and accuracy of care and administration.

AI systems may be used in:

- **Data Warehouse & Analytics:** For quality improvement, clinical trends, operational metrics, and compliance reporting.
- **Phone & Communication Systems:** For call routing, scheduling, transcription, and service analytics.
- **Clinical & Administrative Documentation:** For assisting in drafting or summarizing notes, reports, or communications.

All AI tools are used **under human oversight** by our clinical and administrative staff.

Your information may be processed by these systems as part of normal operations, but all vendors are contractually bound to comply with **HIPAA** and applicable **state privacy laws**.

We do **not** use AI systems to make medical decisions without professional review, nor do we sell or share your PHI for marketing or non-treatment purposes.

If you have questions about our use of AI systems, contact our Privacy Officer at **[privacy@bondortho.com](mailto:privacy@bondortho.com)**.