



## **CONSENT FOR ENDODONTIC EVALUATION & THERAPY**

*Please review the following consent form. You will be required to sign this form prior to the initiation of treatment. Your signature will be requested in person at your first appointment.*

I understand that root canal therapy is a procedure that makes it possible to retain a tooth, which may otherwise require extraction. As a specialty practice, this office performs only endodontic therapy and associated surgery. Although root canal therapy has a very high degree of success, results cannot be guaranteed. Occasionally, a tooth, which has had root canal therapy, may require retreatment, surgery, or even extraction. Following treatment, the tooth may become more prone to fracture. To help prevent future fracture, a restoration (filling), crown and/or post and core will be necessary to restore the tooth, and your general dentist will perform these procedures. During endodontic treatment, there is the possibility of instrument separation within the root canals, perforations (extra openings), damage to bridges, existing fillings, crowns or porcelain veneers, missed canals, loss of tooth structure in gaining access to canals, and fractured teeth. Also, there are times when a minor surgical procedure may be indicated or when the tooth may not be amenable to endodontic treatment at all. Other treatment choices include no treatment, a waiting period for more definitive symptoms to develop, or tooth extraction. Risks involved in those choices might include, but are not limited to, pain, infection, swelling, loss of teeth, and infection to other areas.

Occasionally, medication will be prescribed by our office. Medications prescribed for discomfort and/or sedation may cause drowsiness, which can be increased by the use of alcohol or other drugs. We advise that you do not operate a motor vehicle or any hazardous device while taking such medications. In addition, certain medications may cause allergic reactions, such as hives or intestinal discomfort. If any of these problems occur, call our office immediately. It is the patient's responsibility to report any changes in his/her medical history to our office. All of my questions will be answered by my endodontist prior to any treatment, and I fully understand the above statements in this consent form.

Furthermore, I give my endodontist my permission to take digital photos of my tooth or teeth and/or digital photos of my procedure and use these images and/or radiographs for purposes of completing my medical record and/or for education. If images or radiographs are used for education, no identifying information will be used, as your privacy is of utmost importance to us.

Note: All medical records will be kept strictly confidential.

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## **CONSENT FOR DENTAL X-RAYS AND/OR CBCT**

Dental radiographs (x-rays) are essential, preventative, diagnostic tools that provide valuable

information not visible during a regular dental exam. Dentists use this information to safely and accurately detect hidden dental abnormalities, infections and complete an accurate treatment plan. Without x-rays, problem areas may go undetected.

Our office uses a digital x-ray system for individual films, as well as a Cone Beam CT scan machine for cases that require a more detailed view of the area of concern. A Cone Beam CT takes a 3D image of your teeth and bone surrounding your teeth. If you are asked to have a Cone Beam CT scan while in our office please keep in mind the dental CT scan differs from a medical CT scan. Cone Beam CT scans are preformed while the patient is standing up and takes less than 2 minutes to complete. If you are unable to stand for the scan, we can provide a stool for comfort.

Dental x-rays & CT scans both produce a low level of radiation and are considered safe. Dentists take necessary precautions to limit the patient's exposure to radiation when taking dental x-rays and CT scans. These precautions include using apron shields to protect the body and using modern, digital sensors that cut down the exposure time of each x-ray. If you are pregnant, we would not want to expose you to such radiation unnecessarily. If you are or could be pregnant please let us know immediately. We will discuss these options with you.

The need for dental x-rays depends on each patient's individual dental health needs. Your endodontist will recommend necessary x-rays based on the review of your medical and dental history, dental exam, signs and symptoms.

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## **OFFICE FINANCIAL POLICY**

Thank you for choosing Touchstone Endodontics for your endodontic care! Please review the information below carefully regarding payment of services and dental insurance processing. We encourage you to ask questions prior to your consultation and/or treatment if you have any concerns or need additional information before signing the policy below.

### **Payment for Services**

Full payment for all services is due at the time the service is performed. We accept all major credit/debit cards, check, and cash. We offer a flexible financing option through CareCredit ([www.carecredit.com](http://www.carecredit.com)).

In the event your appointment is scheduled after normal business hours, we will collect your payment at the time of confirming your appointment, or upon your arrival prior to our administrative staff leaving for the day.

### **Dental Insurance**

If you have dental insurance, we will do our best to maximize your benefits. However, you are ultimately responsible for payment of any balance, including costs that your insurance does not pay.

- Most dental insurances will not cover all expenses, whether you utilize an in- or out-of-network provider. Expect to have an out-of-pocket cost due at the time of service.
- We will provide you with an estimate of your out-of-pocket costs with insurance benefits prior to your consult and/or treatment if we are able to obtain this from your insurance carrier. This estimate will be due at the time of service. Please understand that this estimate is NOT a guarantee of insurance payment and your final out-of-pocket cost is subject to change based on several variables, including eligibility status, pending/processed claims, and clinical outcomes.
- We will file your insurance for you if we have the carrier's information for claims submission. If we file your insurance, we will direct that all payment be sent to us. In the event you need to file your own insurance, we will provide you with the documentation needed to do so.
- We make every effort to obtain payment from your insurance carrier. However, if your carrier does not reimburse us after 2 claims submissions, we will send you a statement for the balance since we were unable to collect payment from them.
- After we receive notice that your insurance claim has processed, we will send you a statement if there is any balance due along with payment instructions. In the event a refund is owed to you, we will notify you and refund the amount via your original payment method, unless other arrangements are necessary (for example, we will issue a check if cash was the original payment method).

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## **NOTICE OF PRIVACY POLICY**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

### **Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 7/7/2004, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy

practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **Uses and Disclosures of Health Information**

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

### **Patient Rights**

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format, should fees be incurred. If you prefer, we will prepare a summary or an explanation of your health information.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. {You must make your request in writing.} Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We

may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

### **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## **Touchstone Endodontics**

913-340-8300

[office@touchstoneendo.com](mailto:office@touchstoneendo.com)

16971 W 94th St.  
Lenexa, KS 66219