
Liberty Dental Group
Dr. Krey, Dr. Greene

Notice of Privacy Practices

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 (MM/DD/YR), 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. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.____ for each page, \$____ per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

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.

Comparison of Indirect Restorative Dental Materials

FACTORS	ALL-PORCELAIN (ceramic)	PORCELAIN FUSED TO METAL	GOLD ALLOYS (high noble)	BASE METAL ALLOYS (non-noble)
General Description	Porcelain, ceramic or glass-like fillings and crowns.	Porcelain is fused to an underlying metal structure to provide strength to a filling, crown or bridge.	Alloy of gold, copper and other metals resulting in a strong, effective filling, crown or bridge.	Alloys of non-noble metals with silver appearance resulting in high strength crowns and bridges.
Principal Uses	Inlays, onlays, crowns and aesthetic veneers.	Crowns and fixed bridges.	Inlays, onlays, crowns and fixed bridges.	Crowns, fixed bridges and partial dentures.
Leakage and Recurrent Decay	Sealing ability depends on materials, underlying tooth structure and procedure used for placement.	The commonly used methods used for placement provide a good seal against leakage. The incidence of recurrent decay is similar to other restorative procedures.		
Durability	Brittle material, may fracture under heavy biting loads. Strength depends greatly on quality of bond to underlying tooth structure.	Very strong and durable.	High corrosion resistance prevents tarnishing; high strength and toughness resist fracture and wear.	
Cavity Preparation Considerations	Because strength depends on adequate porcelain thickness, it requires more aggressive tooth reduction during preparation.	Including both porcelain and metal creates a stronger restoration than porcelain alone; moderately aggressive tooth reduction is required.	The relative high strength of metals in thin sections requires the least amount of healthy tooth structure removal.	
Clinical Considerations	These are multiple step procedures requiring highly accurate clinical and laboratory processing. Most restorations require multiple appointments and laboratory fabrication.			
Resistance to Wear	Highly resistant to wear, but porcelain can rapidly wear opposing teeth if its surface becomes rough.	Highly resistant to wear, but porcelain can rapidly wear opposing teeth if its surface becomes rough.	Resistant to wear and gentle to opposing teeth.	Resistant to wear and gentle to opposing teeth.
Resistance to Fracture	Prone to fracture when placed under tension or on impact.	Porcelain is prone to impact fracture; the metal has high strength.	Highly resistant to fracture.	
Biocompatibility	Well tolerated.	Well tolerated, but some patients may show allergic sensitivity to base metals.	Well tolerated.	Well tolerated, but some patients may show allergic sensitivity to base metals.
Post-Placement Sensitivity	Sensitivity, if present, is usually not material specific.			
	Low thermal conductivity reduces the likelihood of discomfort from hot and cold.	High thermal conductivity may result in early post-placement discomfort from hot and cold.		
Esthetics	Color and translucency mimic natural tooth appearance.	Porcelain can mimic natural tooth appearance, but metal limits translucency.	Metal colors do not mimic natural teeth.	

FACTORS	ALL-PORCELAIN (ceramic)	PORCELAIN FUSED TO METAL	GOLD ALLOYS (high noble)	BASE METAL ALLOYS (non-noble)
Relative Cost to Patient	Higher; requires at least two office visits and laboratory services.	Higher; requires at least two office visits and laboratory services.	Higher; requires at least two office visits and laboratory services.	
Average Number of Visits To Complete	Minimum of two; matching esthetics of teeth may require more visits.	Minimum of two; matching esthetics of teeth may require more visits.	Minimum of two.	

Comparison of Direct Restorative Dental Materials

FACTORS	AMALGAM	COMPOSITES Direct and Indirect	GLASS IONOMERS	RESIN- IONOMERS
General Description	A mixture of mercury and silver alloy powder that forms a hard solid metal filling. Self-hardening at mouth temperature.	A mixture of submicron glass filler and acrylic that forms a solid tooth-colored restoration. Self- or light-hardening at mouth temperature.	Self-hardening mixture of fluoride containing glass powder and organic acid that forms a solid tooth colored restoration able to release fluoride.	Self or light-hardening mixture of sub-micron glass filler with fluoride containing glass powder and acrylic resin that forms a solid tooth colored restoration able to release fluoride.
Principal Uses	Dental fillings and heavily loaded back tooth restorations.	Esthetic dental fillings and veneers.	Small non-load bearing fillings, cavity liners and cements for crowns and bridges.	Small non-load bearing fillings, cavity liners and cements for crowns and bridges.
Leakage and Recurrent Decay	Leakage is moderate, but recurrent decay is no more prevalent than other materials.	Leakage low when properly bonded to underlying tooth; recurrent decay depends on maintenance of the tooth-material bond.	Leakage is generally low; recurrent decay is comparable to other direct materials, fluoride release may be beneficial for patients at high risk for decay.	Leakage is low when properly bonded to the underlying tooth; recurrent decay is comparable to other direct materials, fluoride release may be beneficial for patients at high risk for decay.
Overall Durability	Good to excellent in large load-bearing restorations.	Good in small-to-moderate size restorations.	Moderate to good in non load-bearing restorations; poor in load-bearing.	Moderate to good in non load-bearing restorations; poor in load-bearing.
Cavity Preparation Considerations	Requires removal of tooth structure for adequate retention and thickness of the filling.	Adhesive bonding permits removing less tooth structure.	Adhesive bonding permits removing less tooth structure.	Adhesive bonding permits removing less tooth structure.
Clinical Considerations	Tolerant to a wide range of clinical placement conditions, moderately tolerant to the presence of moisture during placement.	Must be placed in a well-controlled field of operation; very little tolerance to presence of moisture during placement.		
Resistance to Wear	Highly resistant to wear.	Moderately resistant, but less so than amalgam.	High wear when placed on chewing surfaces.	
Resistance to Fracture	Brittle, subject to chipping on filling	Moderate resistance to	Low resistance to fracture.	Low to moderate resistance to

FACTORS	AMALGAM	COMPOSITES Direct and Indirect	GLASS IONOMERS	RESIN- IONOMERS
	edges ,but good bulk strength in larger high-load restorations.	fracture in high-load restorations.		fracture.
Biocompatibility	Well-tolerated with rare occurrences of allergic response.			
Post-Placement Sensitivity	Early sensitivity to hot and cold possible.	Occurrence of sensitivity highly dependent on ability to adequately bond the restoration to the underlying tooth.	Low.	Occurrence of sensitivity highly dependent on ability to adequately bond the restoration to the underlying tooth.
Esthetics	Silver or gray metallic color does not mimic tooth color.	Mimics natural tooth color and translucency, but can be subject to staining and discoloration over time.	Mimics natural tooth color, but lacks natural translucency of enamel.	Mimics natural tooth color, but lacks natural translucency of enamel.
Relative Cost to Patient	Generally lower; actual cost of fillings depends on their size.	Moderate; actual cost of fillings depends on their size and technique.	Moderate; actual cost of fillings depends on their size and technique.	Moderate; actual cost of fillings depends on their size and technique.
Average Number of Visits To Complete	One.	One for direct fillings; 2+ for indirect inlays, veneers and crowns.	One.	One.

NOTE: The information in this chart is provided to help dentists discuss the attributes of commonly used dental restorative materials with their patients. The chart is a simple overview of the subject based on the current dental literature. It is not intended to be comprehensive. The attributes of a particular restorative material will vary from case to case depending on a number of factors.

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American Dental Association □
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