



Michael Allen Ciaverelli, DDS, P.A.
4422 Pack Saddle Pass #201
Austin, Texas 78745

Patient's Full Name: _____ **Date of Birth:** _____

Acknowledgement of Privacy Practices

By my signature below, I acknowledge that I have read the Notice of Health Insurance Portability and Accountability Act (HIPAA) and Financial Policy of Brodie Oaks Dental that is available to review upon request and on our website. I understand that Brodie Oaks Dental reserves the right to change their notice and policies, and upon request will mail a copy of any revised notice to the address I have provided. Under the HIPAA, I understand that I have the right to request restrictions as to how my health information may be used or disclosed. I understand that I may revoke this consent in writing, except to the extent that Brodie Oaks Dental has already taken action in reliance thereon.

Signature of Patient, Parent or Guardian

Date

Consent for Services and Disclosure of Health Information

My signature at the bottom grants permission for Brodie Oaks Dental to call, text or email me on my cell, at home, work, or leave a message to discuss matters related to my treatment. If needed, I give permission for any designated trained employee at Brodie Oaks Dental to take digital x-rays, intraoral photographs, and other diagnostic images as necessary for my dental treatment. I give Brodie Oaks Dental permission to release my information to other medical/dental providers and insurance companies, when necessary, for treatment. In addition to dental/medical providers, I give permission for Brodie Oaks Dental to share my protected health information with the following individuals:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Signature of Patient, Parent or Guardian

Date

Financial & Cancellation Policy

Payment

Payment for dental services is expected at the time treatment is provided unless other arrangements have been made in advance. We accept cash, checks, and major credit cards.

Insurance

The staff of Brodie Oaks Dental is dedicated to assisting you achieve and maintain your oral health. As a courtesy to our patients, we will file your insurance claims. In order to file your claim we must have a copy of your current insurance card. If you do not have a current insurance card, full payment is due at the time of service. **Please note:** We file claims with many different insurance companies and it is impossible to know each individual policy. It is *your* responsibility to know the rules and benefits of your policy. Please be aware that your insurance company may consider some or possibly all treatment as non-covered services. You are responsible for all fees not covered by your insurance company. It is your responsibility to inform us if your insurance information has changed.

Cancellations and Missed Appointments

We understand that dental emergencies and unexpected situations arise. However, our schedule is carefully planned to provide adequate time for each patient. When appointments are missed or cancelled without adequate notice, it prevents us from offering that time to other patients who need care.

To help us maintain an efficient schedule and keep costs reasonable for all patients, Brodie Oaks Dental reserves the right to charge a cancellation fee for missed appointments or appointments cancelled with less than 24 hours notice. The current fee is \$75 per appointment. This fee is subject to change based on economic conditions and operational costs. Patients will be notified of any fee changes.

Our appointment reminder service (phone calls, texts, emails) is offered as a courtesy. You are responsible for keeping track of your scheduled appointments and notifying us of any scheduling conflicts. If you have questions about our financial policy or cancellation policy, please ask to speak with our office manager. In the event of default on payment obligations, collection and legal fees will be the responsibility of the patient/guardian.

Signature of Patient, Parent or Guardian

Date