PERIODONTAL SURGICAL ARTS

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Board-Certified Periodontal Plastic Surgery And Surgical Implantology

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 Periodontal Surgical Arts that is available to review upon request. I understand that Periodontal Surgical Arts reserves the right to change their notice and policies, & 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 Periodontal Surgical Arts 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 Periodontal Surgical Arts, 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 Dr. Yu & Associates to take a CT scan (Computed Tomography scan). At your request we can have a Board Certified Maxillofacial Radiologist read your images. I give Periodontal Surgical Arts 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 Periodontal Surgical Arts to share my protected health information with the following individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

_____ _____

Signature of Patient, Parent or Guardian Date

Financial & Cancellation Policy

Full payment of our fees is due at or before the time of treatment. In the event of default, collection & legal fees are the responsibility of the patient/guardian. Patients are typically on a waiting list to reserve time in our office. Without proper notice, patients on this wait list do not have the opportunity to fill an open appointment. In an effort to keep costs low, Periodontal Surgical Arts reserves the right to charge a fee for any missed, cancelled, or re-scheduled appointments. The fees will be as follows: $100 for surgery appointments with less than five (5) business days notice and $25 for hygiene appointments with less than two (2) business days notice. Our e-mail reminder service is offered as a courtesy. You are responsible for confirming or notifying us of any issues regarding a scheduled appointment. If you have questions about our financial policy or cancellation policy, please request to speak with us personally.

_____ _____

Signature of Patient, Parent or Guardian Date