

Susan A. Sheets, DDS, A Professional Dental Corporation  
2515 South Western Ave. #109  
San Pedro, Ca 90732  
(310) 832-2657  
Info@drsusansheets.com

ACKNOWLEDGEMENT OF RECEIPTS OF  
NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, have read a copy of this office's Notice of HIPAA  
Privacy Practices.

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of HIPAA Privacy  
Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify):

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[info@drsusansheets.com](mailto:info@drsusansheets.com)

**Important Information and Financial Policy**

We welcome and value you as part of our dental practice. In order to avoid confusion regarding our financial and insurance policies; please review this document and sign it as acceptance and understanding of what is stated. Our practice accepts cash, check, VISA, MC, Discover, AMEX & Debit cards. If you have any questions, please speak with our office manager.

*Today's dental plans are designed to assist patients with dental treatment. It is important to remember that necessary services are not necessarily covered. Our goal as your dental care provider is to make sure you have healthy teeth long after you change dental plans. It is your employer who chooses your benefits and how they are paid by the insurance company.*

Please initial the scenario that describes your financial/insurance situation: All outstanding balances are due immediately on the date of service.

\_\_\_\_\_ I do not have dental insurance. I am responsible to pay my bill in full at each visit. The practice's personnel will give me information on outside financing if I request it.

\_\_\_\_\_ I understand the practice doctors are participating providers for my dental plan ( **United Concordia Military & Delta Dental ONLY**). I am required to pay my estimated portion of the dental fee at each visit for the treatment rendered that day. The amount I will be required to pay will be explained to me prior to my appointment. I also understand that my insurance is an agreement between the insurance company and me; therefore, if the practice does not receive payment from my company in 90 days, the insurance balance for my account will be transferred to me personally and needs to be paid promptly, or a 18% interest charge will be added.

\_\_\_\_\_ I understand the practice doctors are *not* a participating provider for my dental benefit company and they will be waiting for the assignment of benefits as a courtesy to me. I understand that I am responsible for my account regardless of my insurance status. I also understand that my insurance is an agreement between the insurance company and me; therefore, if the practice does not receive payment from my company in 90 days, the insurance balance will be transferred to me personally and needs to be paid promptly, or a 18% interest charge will be added.

*I understand that dentistry is not an exact science so my treatment may need to be altered at the time of appointment. I will still need to pay my portion of the visit if different from the original estimate. If the final payment from the insurance carrier is less than the estimated amount, I will assume financial responsibility for the entire not covered balance. The estimated amount due does not take into account insurance deductibles or changes in the payment allowance as delineated by your contract at the time of insurance payment.*

All major dental treatment must be paid in full prior to being inserted in your mouth. If I have insurance that the practice accepts, I must pay my portion in full as estimated by the office. I understand that I, the patient, may file with my secondary insurance (if applicable). Also, I am aware that if my insurance denies my dental claim, the office will file an appeal on my behalf. The office will only file one appeal, if there insurance denies the claim again, I will have to file the appeal myself and will be responsible for my balance in the office. I may request information to file an appeal from the office.

I must respect doctors and hygienist's schedule and will give **48 hour notice** if I need to change my appointment time, otherwise I may be charged \$75.00 for the loss of appointment. I also understand that for longer appointments, this charge may be higher.

I give permission for my dentist or his/her associates and clinical team to take any necessary radiographs (x-rays), study casts, and photographs needed to make a complete diagnosis for my dental needs. I also give permission to use this information for in-office educational purposes.

***If you want to leave your minor children at the office for treatment without your presence; please read and initial below:***

\_\_\_\_\_ I give my permission to treat my minor child/children in my absence, whether I drop them off for treatment or another adult brings them to the office for treatment. I will give my child a check or credit card information to fulfill the amount due for their treatment.

***If you have an adult child (over 18) and will continue to be financially responsible for their treatment please read, fill in child's name, and initial below:***

\_\_\_\_\_ I will continue to be financially responsible for (fill in child's name) \_\_\_\_\_. If I have insurance, I will provide my insurance company with the necessary documentation that they are a full-time student.

**I have read, agreed to, and understand the statements listed above. If I request, I may receive a copy of this document for my records.**

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Signature (Parent, legal guardian if minor)

\_\_\_\_\_  
Date





**Susan A. Sheets DDS**  
COSMETIC & RESTORATIVE DENTISTRY

## Dental Materials Fact Sheet Acknowledgement

**Patient Name** \_\_\_\_\_

**This notice describes the receipt of “The facts about Fillings” – Dental material Fact Sheets by the Dental Board of California. This handout describes the Advantages & Disadvantages of using dental materials for dental treatment.**

### QUESTIONS AND COMPLAINTS

If you want more information about our dental materials used in treatment or have questions or concerns, please contact us.

Contact: Debbie Vuoso, Privacy Officer  
Telephone: 310-832-2657  
Fax: 310-832-5164  
[debbiev@drsusansheets.com](mailto:debbiev@drsusansheets.com)

Address:  
Dr. Susan Sheets  
2515 South Western Ave. Suite #109  
San Pedro, Ca. 90732

### IF PATIENT IS A MINOR ONLY:

NAME OF Legal Guardian and Relationship to Patient: \_\_\_\_\_

\_\_\_\_\_  
Patient, Parent or Legal Guardian

\_\_\_\_\_  
Signature:

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

## Dental Materials – Advantages & Disadvantages

### PORCELAIN FUSED TO METAL

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

#### Advantages

- Good resistance to further decay if the restoration fits well
- Very durable, due to metal substructure
- The material does not cause tooth sensitivity
- Resists leakage because it can be shaped for a very accurate fit

#### Disadvantages

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

### GOLD ALLOY

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks

#### Advantages

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Wears well; does not cause excessive wear to opposing teeth
- Resists leakage because it can be shaped for a very accurate fit

#### Disadvantages

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits and laboratory services

### DENTAL BOARD OF CALIFORNIA

1432 Howe Avenue • Sacramento, California 95825

[www.dbc.ca.gov](http://www.dbc.ca.gov)

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5/04

*The Facts About Fillings*

## The Facts About Fillings



### DENTAL BOARD OF CALIFORNIA

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# Dental Materials Fact Sheet

## What About the Safety of Filling Materials?

Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law\* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

\* *Business and Professions Code 1648.10-1648.20*

## Allergic Reactions to Dental Materials

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

## Toxicity of Dental Materials

### Dental Amalgam

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective."

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

### Composite Resin

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

**It is always a good idea to discuss any dental treatment thoroughly with your dentist.**



## Dental Materials – Advantages & Disadvantages

### GLASS IONOMER CEMENT

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

#### Advantages

- Reasonably good esthetics
- May provide some help against decay because it releases fluoride
- Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- Material has low incidence of producing tooth sensitivity
- Usually completed in one dental visit

#### Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended for biting surfaces in permanent teeth
- As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease
- Does not wear well; tends to crack over time and can be dislodged

### RESIN-IONOMER CEMENT

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

#### Advantages

- Very good esthetics
- May provide some help against decay because it releases fluoride
- Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- Good for non-biting surfaces
- May be used for short-term primary teeth restorations
- May hold up better than glass ionomer but not as well as composite
- Good resistance to leakage
- Material has low incidence of producing tooth sensitivity
- Usually completed in one dental visit

#### Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended to restore the biting surfaces of adults
- Wears faster than composite and amalgam

### PORCELAIN (CERAMIC)

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns and fixed bridges.

#### Advantages

- Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
- Good resistance to further decay if the restoration fits well
- Is resistant to surface wear but can cause some wear on opposing teeth
- Resists leakage because it can be shaped for a very accurate fit
- The material does not cause tooth sensitivity

#### Disadvantages

- Material is brittle and can break under biting forces
- May not be recommended for molar teeth
- Higher cost because it requires at least two office visits and laboratory services

### NICKEL OR COBALT-CHROME ALLOYS

Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

#### Advantages

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Resists leakage because it can be shaped for a very accurate fit

#### Disadvantages

- Is not tooth colored; alloy is a dark silver metal color
- Conducts heat and cold; may irritate sensitive teeth
- Can be abrasive to opposing teeth
- High cost; requires at least two office visits and laboratory services
- Slightly higher wear to opposing teeth

## DENTAL AMALGAM FILLINGS

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

### Advantages

- Durable; long lasting
- Wears well; holds up well to the forces of biting
- Relatively inexpensive
- Generally completed in one visit
- Self-sealing; minimal-to-no shrinkage and resists leakage
- Resistance to further decay is high, but can be difficult to find in early stages
- Frequency of repair and replacement is low

### Disadvantages

- Refer to "What About the Safety of Filling Materials"
- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold.
- Contact with other metals may cause occasional, minute electrical flow

**T**he durability of any dental restoration is influenced not only by the material it is made from but also by the dentist's technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient's cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

## COMPOSITE RESIN FILLINGS

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

### Advantages

- Strong and durable
- Tooth colored
- Single visit for fillings
- Resists breaking
- Maximum amount of tooth preserved
- Small risk of leakage if bonded only to enamel
- Does not corrode
- Generally holds up well to the forces of biting depending on product used
- Resistance to further decay is moderate and easy to find
- Frequency of repair or replacement is low to moderate

### Disadvantages

- Refer to "What About the Safety of Filling Materials"
- Moderate occurrence of tooth sensitivity; sensitive to dentist's method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel





## NOTICE OF PRIVACY PRACTICES

### SUSAN A. SHEETS, D.D.S. A Professional Dental Corporation

**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 April 14, 2003, 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 this 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 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 health care. 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 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

1" ... 2515 S. Western Ave., Suite 109, San Pedro, CA 90732 (310) 832-2657 -----

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 authorize federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

**Appointment Reminders:** We may 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 practically 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 \$0.15 for each page, \$20.00 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 alterative 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 writif1g, and It must explain why the information should be amended.) We may deny your request under certain circumstances.

#### **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

**CONTACT:** DEBBIE VUOSO, PRIVACY OFFICER

**TELEPHONE:** 310-832-2657

**FAX:** 310-832-5164

**EMAIL:** [DEBBIEV@DRSUSANSHEETS.COM](mailto:DEBBIEV@DRSUSANSHEETS.COM)

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