

University of the Pacific

Arthur A. Dugoni School of Dentistry

Application for Dental Treatment

Patient Name: Last _____ First _____

Patient Birthdate: ____ / ____ / ____ Patient Age: ____ Male ____ Female ____ Other _____

I hereby apply for patient status at the University of the Pacific (UOP), Arthur A. Dugoni School of Dentistry. I understand that dental treatment will be rendered by dental students or residents under the supervision of faculty members who are graduates of accredited dental schools and/or specialists in their respective field.

I hereby consent to be photographed, filmed, audiotaped or videotaped in connection with the treatment, education and research programs of the University of the Pacific. I understand and agree that all such photographs, films and tapes are the property of UOP. I further understand and agree that UOP and its faculty shall be permitted to use all or of part of my records in photographic and/or digital form in scientific writing for publication in scientific journals or for the advancement of dental education. Any identifying personal information; such as name or address, will not be exposed.

I understand that appointments (except Orthodontic appointments) could last for three or four hours and I must be available and able to sit for that length of time. I also understand that it will require more appointments to complete treatment and I am available for morning, afternoon or evening appointments. During any appointment, my medical history and dental needs will be discussed between faculty members and students while in the dental chair.

I understand that it may take up to two weeks from the completion of x-rays and/or photos for me to be contacted by my student dentist or Orthodontic resident not including holidays or academic breaks. Any quoted fees are lower than a private office, but services are not free. Payment is expected at the time of service or I may qualify for a payment plan to be determined if I am accepted as a patient.

I understand that UOP provides comprehensive care, which means that all of my dental needs are treated, not just a single treatment such as one specific crown or teeth bleaching.

I understand and accept that some of my dental needs or expectations could be beyond the scope of treatment provided in a dental school setting and I could be referred elsewhere. If that is the situation any x-rays I may have brought or any taken at UOP will be provided to me upon request so I might seek treatment elsewhere.

Intake Form for Adult Patients

Patient *(circle selections)*

First name _____ Middle initial _____ Last name _____
Title: Mr. Mrs. Ms. Dr. Other _____ I prefer to be called _____ Birthdate: _____
Gender: Male Female or _____ Marital status: Single Married Separated Divorced Widowed
Home address: _____ City, State, Zip code _____
Home phone: () _____ Cell phone: () _____
Work phone: () _____ Email address(es): _____
Occupation: _____ Employer: _____
Preferred Language: _____

The following information is collected for demographic purposes only (circle selections)

Ethnicity: Latino (Hispanic or Latino) Other (Not Hispanic or Latino) Decline to answer

Race: White Asian Black or African American Hispanic or Latino Native Hawaiian Other Pacific Islander
American Indian Alaska Native Other Decline to Answer

Closest Relative

Spouse or closest relative(s) name(s): _____ Relationship to patient: _____
Address *(if different than patient address)* _____
Home phone *(if different)* () _____ Cell phone () _____
Work phone () _____

Current Dentist

Name: _____ City, State: _____ Phone: () _____
Last seen: _____ Reason: _____ Next appointment: _____
Other dentists/dental specialists now being seen: _____
Reason: _____

Physician

Name: _____ City, State: _____ Phone: () _____
Last seen: _____ Reason: _____ Next appointment: _____
Most recent physical exam: _____ Other health care providers being seen now? Yes No
Name: _____ Reason: _____

General Information

What concerns you about your teeth? _____

Has anyone suggested that you might need orthodontic treatment? Yes No

Have you had any previous orthodontic treatment? Please describe: _____

Have any other family members been treated in this office? Please name them: _____

Do you think that any of your work or leisure activities affect your teeth or jaws? Yes No

Please explain: _____

Financial Information

Who is financially responsible for this account: _____

Address (if different than page 1): _____

Home phone () _____ Cell phone () _____

Work phone () _____ Email address(es): _____

Dental Insurance Information

Primary policy holder's full name: _____ Birthdate: _____

Insurance ID#: _____ Relationship to patient: _____

Address and phone (if not listed above): _____

Employer: _____ Address: _____

Insurance company: _____ Group#: _____

Does this policy have orthodontic benefits? Yes No Don't know

Secondary policy holder's full name: _____ Birthdate: _____

Insurance ID#: _____ Relationship to patient: _____

Address and phone (if not listed above): _____

Employer: _____ Address: _____

Insurance company: _____ Group#: _____

Does this policy have orthodontic benefits? Yes No Don't know

Medical Insurance Information

Policy holder's full name: _____

Insurance company: _____ Group#: _____

Left Blank Intentionally

PATIENT CENTERED CARE POLICY

UNIVERSITY OF THE PACIFIC ARTHUR A. DUGONI SCHOOL OF DENTISTRY

Thank you for selecting the University of the Pacific as your oral healthcare provider. Our goal is to provide you with an excellent experience while you are here. This document will spell out what that means.

POLICY

Interactions between patients, students and employees (staff, managers, and faculty) and decisions resulting from those interactions will focus on the provision of patient centered care as described in the Clinic Mission Statement.

CLINIC MISSION STATEMENT

To provide patient centered, evidence based, oral healthcare in a humanistic educational environment.

The intent of the Clinic Mission Statement is to focus faculty, staff, and students on the delivery of excellent patient care. We will always strive to provide excellent care to our patients and excellent educational experiences for our students. Excellent patient care is an excellent learning experience. At those times when we must choose between patient care and teaching effectiveness, patient care will take precedence.

There are four parts to the Clinic Mission Statement:

- Patient-centered care includes a wide range of objectives such as being prompt, efficient, responsible, communicative, engaging, focused, and adaptable. It encourages faculty and staff to be excellent role models, attentive to individual patient's needs, and focused on service. It requires that treatment decisions be based in part on individual patient values. The private practice model is the patient care model to which we aspire.
- Evidence based decision making involves the use of scientific evidence to help make treatment decisions. It is used in conjunction with patient values to determine the best course of action for each patient.
- Quality oral healthcare involves providing treatment to our patients that meets community standards of care for all procedures. It means providing that care to patients with varying needs and expectations.
- Humanistic education is based on honest communication of clear expectations along with positive support for diligent effort. It involves treating all people with dignity and respect at all times. Faculty and staff must be models of the profession's highest standards. Students are expected to set equally high standards for their behavior. The educational environment will be intellectually stimulating, progressive in scope, and evidence based.

FINANCIAL POLICIES

UNIVERSITY OF THE PACIFIC ARTHUR A. DUGONI SCHOOL OF DENTISTRY

We are committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and your understanding of our payment arrangements. Pacific is not a free clinic. **Payment is due at the time services are rendered unless payment arrangements have been approved in advance by our clinic financial staff.** Students are not authorized to make any payment arrangements for your treatment, nor are they authorized to offer discounted treatment. ***These financial policies do not apply to Orthodontic treatment.***

Insurance Billing as a Courtesy

We will bill your dental insurance provider on your behalf as a courtesy. However, please be aware that this does **not** relieve you of financial responsibility for your treatment.

Understanding Your Insurance Plan

It is your responsibility to know and understand the details, benefits, and limitations of your specific dental insurance plan. This includes but is not limited to:

- Coverage percentages
- Annual maximums
- Waiting periods
- Frequency limitations
- Non-covered services

Payment Options

- We accept cash, check, MasterCard, Visa, Discover, American Express, Electronic Funds Transfer or ATM debit cards.
- If you qualify, we can set up a **Contract Payment Plan** that will allow you to pay for your dental care over time free of interest charges.
- Your treatment plan total must be a minimum of \$1000 with a minimum payment of \$50 per month. Our standard contracts are paid over 12 consecutive months.

For Contract Payment Plans totaling \$1000 up to \$4999, you must provide the following:

- Valid photo ID (valid driver's license, student I.D. card, passport)
- Proof of address (utility bill, rental agreement)
- Proof of employment or bank account information
- Active credit card

For Contract Payment Plans in excess of \$5000, you may be asked to sign authorization to obtain your credit history, in addition to meeting the above requirements. If you do not meet the Contract Payment Plan qualifications, a qualified co-signer may be accepted. We ask for a down payment at the time the Contract Payment Plan is set up. The down payment must be equal to at least one month's payment. Certain procedures (*i.e.* crowns, implants, dentures) require an additional **down payment equal to 50%** of the fee for those procedures. The Contract Payment Plan will be calculated for the full cost of your treatment plan.

Private Insurance

If you have private insurance, prior authorization may be required by your insurance company before the start of treatment. We will bill your insurance company as a courtesy to you upon completion of each procedure rendered. By signing this document, you are authorizing the University of Pacific to submit claims on your behalf for reimbursement directly to the University. The contract for dental insurance exists between you and your dental insurance company. Any prior authorization by your insurance company is not a guarantee of payment. If your insurance company denies payment for any procedure for any reason, you will be responsible for the full cost of the treatment. You will be reimbursed for any overpayment on your contract due to insurance payments or adjustments applied to your account.

Denti-Cal Program

If you are eligible for the Denti-Cal program, you are required by the State of California to provide us with your current Denti-Cal Identification card and photo ID. Your eligibility is determined monthly by your dental care provider. Any share of cost or changes to your eligibility could make you personally responsible for payment of treatment provided at our dental clinic. **The Denti-Cal program does not cover all dental procedures**. If you elect to have any treatment that is not covered by the Denti-Cal program, you will be responsible for the cost.

Notification of Changes

You agree to **promptly notify** our office of any changes to your insurance coverage. Failure to provide timely updates may result in denial of claims, for which you will be held financially responsible.

Insurance General Policy

The UNIVERSITY OF THE PACIFIC is an in-network provider with Medi-Cal Dental, Delta Dental of California (PPO), and Health Plan of San Mateo (HMO). If you have a Preferred Provider Organization (PPO) plan from any other insurance, you can receive out-of-network services and we will bill your insurance as a courtesy. If you have an HMO dental plan you are required to see your assigned dental provider for all your dental care. We cannot provide dental care in any of our clinics. This extends to patients who have multiple insurance HMO & PPO (government and/or private) when one of the coverages is an HMO plan.

Payment Terms

You are obligated to pay your monthly contract amount regardless of whether you receive a statement. If you are late with your monthly contract payment by more than 60 days, your contract may be terminated at which time any balance due for services rendered will become due and payable immediately. Thereafter, you will be required to pay in full at time of treatment. Account balances not paid within 90 days and determined delinquent by the University of the Pacific, will be sent to collections and you will be responsible for any fees and penalties assessed to you by the collection agency.

Estimates Are Not Guarantees

We can provide an estimate of insurance coverage based on information provided by you and your insurer. This estimate is **not a guarantee** of payment. Final determination of benefits is made by your insurance company once the claim is processed.

Patient Financial Responsibility

You are responsible for any **portion not paid** by your insurance, including but not limited to:

- Deductibles
- Co-payments
- Non-covered services
- Any balance due resulting from loss of coverage, changes in eligibility, or insurance plan changes during treatment

Changes During Treatment

If at **any time during treatment** your insurance becomes inactive or changes and results in non-payment, you will be financially responsible for the **full remaining balance** of services provided.

If you have any questions about the above information, please do not hesitate to ask our clinic financial staff.

FAIR COLLECTION NOTICE

We are required by law to inform you of the following information. This notice is strictly informational and is not intended to imply that your account is or will be referred to an outside collection agency.

State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements of threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Additionally, under Section 1785.27 of the Civil Code, debt collectors may not furnish any information related to this debt to a consumer credit reporting agency and if so, the debt shall be void and unenforceable. Under unusual circumstances, debt collectors may not contact you before 8:00a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov

Non-profit credit counseling services may be available in the area. Please contact Patient Financial Services if you need more information or assistance in contacting a credit counseling service. This letter is required by law and is informational only. It is NOT intended to imply that your account is or will be referred to an outside collection agency.

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

AS A PATIENT AT THE DENTAL SCHOOL, YOU HAVE THE RIGHT TO:

1. See your student dentist or resident and/or an attending instructor every time you receive dental treatment.
2. Considerate, ethical and confidential treatment that meets the standard of care in the profession. Your treatment plan will be based on current scientific evidence and patient values.
3. Continuous care until treatment is completed or you leave the care of the dental school.
4. Request complete and current information about your dental condition in words you can understand.
5. Know in advance the type and expected cost of treatment.
6. Expect all people involved in your care to use proper infection controls.
7. Receive emergency care in a timely manner.
8. Informed consent for all dental treatment planned for you, including recommended treatment, alternative treatment, options to refuse treatment, the risks of no treatment and expected outcomes of treatment.
9. Discuss issues involving your financial account with a staff member.
10. Request and inspect copies of your records, including treatment notes, x-rays, and photographs.
11. Ask questions about your care with your student dentist, resident and/or supervising faculty member. You may also discuss unresolved questions with Group Practice Leader or department Managers.

AS A PATIENT AT THE DENTAL SCHOOL, YOU UNDERSTAND AND AGREE TO:

1. Conduct all interactions with students, residents, staff, and faculty in a mutually considerate manner. The dental school retains the right to limit or discontinue services to anyone for behaviors deemed inappropriate by the faculty or staff including inappropriate verbal and written communication.
2. Give honest and complete information when requested.
3. Update the dental school on changes to your contact information (e.g. telephone, mailing address).
4. Be on time for appointments. You must give at least 48-hour notice of cancellation for any appointments. Patients with 3 cancellations without sufficient notice and/or failure to show up for your appointments will be discontinued from further treatment.
5. Pay for all services rendered.
6. Arrive for your appointments free from the influence of alcohol or recreational drugs.
7. Adults with appointments are asked to avoid bringing children (or others requiring your care) to appointments.
8. Keep the building free of pets. (Ask to see our separate policy for Service and Support Animals)
9. Follow through on recommended treatment, postoperative instructions, and home care.
10. Agree to dental x-rays as necessary and appropriate for examination, diagnosis, and treatment.
11. Allow the School to take patient photographs to document your general presenting conditions, case progress, and completion of treatment. These photographs may be used for educational purposes within the School of Dentistry. Additionally, de-identified (pursuant to HIPAA) photographs may be shared externally in publications, professional presentations, with other healthcare institutions or professional associations, or by students when applying to post graduate programs at other dental schools to illustrate treatment they have provided.
12. Patients who are visibly infested with insects, lice, are visibly soiled or have an offensive odor due to lack of hygiene will be asked to leave and return once they have corrected the issue.
13. As a patient of record, you agree not to seek dental care elsewhere, the University of the Pacific, Arhtur A. Dugoni is your dental home.

The Facts About Fillings

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.

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 (43-54o/o) and an alloy powder (46-57o/o) 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

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

The 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 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 small risk of leakage if bonded only to enamel does not corrode

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 • 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

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 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 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 use 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 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

Porcelain fused to metal is a type of porcelain that 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 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



NOTICE OF PRIVACY PRACTICES

Effective: May 5, 2025

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

The University of the Pacific is a Hybrid Entity with Designated Healthcare Components subject to the Health Insurance and Portability Act of 1996 ("HIPAA") and other components that are not subject to HIPAA. Our Designated Healthcare Components (including our clinic at the Dugoni School of Dentistry) are required by law to maintain the privacy of your protected health information. We are required to give you this notice about our privacy practices and our legal duties ("Notice"), and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect.

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 these changes 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 post the new Notice clearly and prominently, and will 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 protected health information about you for treatment, payment, and healthcare operations. Some information may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records. When we disclose protected health information, the recipient of the information may not be subject to HIPAA and the information may no longer be protected by HIPAA.

Treatment: We may use or disclose your protected health information for treatment purposes. For example, we may disclose information about your last appointment to a specialist also treating you.

Payment: We may use and disclose your protected health information to obtain payment for services we provide to you. For example, we may send claims to your health plan containing protected health information.

Healthcare Operations: We may use and disclose your protected health information in connection with our healthcare operations. For example, our 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. As an educational institution your protected health information may be accessed by students, residents, faculty and staff of the university during the course of clinical operations.

Friends, Family, and Persons Involved in Your Care: We may disclose your protected health information to your family, friends or any other individual identified by you when they are involved in your care or the payment of your care. Additionally, if a person has the authority by law to make health care decisions for you, we will treat that personal representative the same way we would treat you with respect to your personal health information. 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.

Disaster Relief: We may use or disclose your protected health information to assist in disaster relief efforts.

Marketing Health-Related Services: We will not use your protected health information for purposes that are marketing under HIPAA except as permitted by HIPAA or with your written authorization. We may provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to our cost of making the communication. In addition, we may market to you in a face-to-face encounter and give you promotional gifts of nominal value without obtaining your written authorization.

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

Public Health Activities: We may disclose your protected health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

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

Secretary of the Department of Health and Human Services ("HHS"): We will disclose your protected health information to the Secretary of HHS when required to investigate or determine compliance with HIPAA.

Worker's Compensation: We may disclose your protected health information to the extent authorized by, and to the extent necessary to, comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement: We may disclose your protected health information for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities: We may disclose your protected health information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and credentialing, as necessary for licensure, and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research: We may disclose your protected health information to researchers when their research has been approved by our institutional review board (IRB). Our IRB will review the research proposal and confirm protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors: We may release your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Fundraising: We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive fundraising communications from us, you may opt out of receiving these communications. If we create or maintain records subject to 42 CFR part 2 and intend to use or disclose those records for fundraising, we will first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

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

Other Uses and Disclosures of Protected Health Information: Your written authorization is required for the sale of your protected health information, for use or disclosure for marketing purposes, and for most uses and disclosures of psychotherapy notes. We will also obtain your written authorization before using or disclosing your protected health information for purposes other than those

provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your protected health information, except to the extent that we have already taken action in reliance on the authorization.

Substance Use Disorder Treatment Records: If we receive substance use disorder treatment records about you from a program subject to federal regulations (at 42 CFR part 2), or testimony with the content of such records, we will not use or disclose the records or testimony in civil, criminal, administrative or legislative proceedings against you except based on your written consent, or a court order after notice and an opportunity to be heard is provided.

Uses and Disclosures of Reproductive Health Information: HIPAA prohibits, and we will not, use or disclose protected health information to:

- Conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- Impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- Identify any person for any of the two above purposes.

The prohibition above applies when the reproductive health care at issue (1) is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided, (2) is protected, required, or authorized by federal law, under the circumstances in which such health care is provided, regardless of the state in which it is provided, or (3) is provided by another person and presumed lawful. For example, we will not disclose information about a lawful abortion in response to a subpoena seeking records related to lawful reproductive health care services absent the attestation discussed below.

If a person requests protected health information potentially related to reproductive health care for any of the following purposes, we will only use or disclose the information after obtaining an attestation from the person that the request is not for a prohibited purpose and complying with HIPAA and other applicable law: health oversight activities; judicial and administrative proceedings; law enforcement; or to a coroner or medical examiner for identification of a deceased person, determining a cause of death or other duties authorized by law. For example, if we receive a subpoena for reproductive health information in the course of a court proceeding, we will require the party issuing the subpoena to attest that the subpoena is not for one of the prohibited purposes above.

YOUR HEALTH INFORMATION RIGHTS

Access: You have the right to look at or get copies of your protected health information in medical records, billing records and certain other designated record sets, with limited exceptions. You must make the request in writing. If you request information in records that we maintain electronically, you have the right to an electronic copy. We will use the format you request unless we cannot practically do so. We reserve the right to charge you a reasonable cost-based fee for expenses such as supplies and labor. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this Notice for more information. If we deny your request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. You must submit your request in writing to the Privacy Officer. 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 protected health information by submitting a written request to our Privacy Officer. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or healthcare operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid in full.

Alternative Communication: You have the right to request that we communicate with you about your protected health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Amendment: You have the right to request that we amend your protected health information in your medical records or other designated records sets. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why and explain your rights.

Notification of Breach: You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice: If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice.

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 regarding your protected health information, such as access, amendment, restriction or any other right mentioned in this notice, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to HHS. We will provide you with the address to file your complaint with HHS upon request. We support your right to the privacy of your protected 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.

Contact information:

Ms. Vanessa Bricker

Director of Patient Relations

415.929.6552

vbricker@pacific.edu; privacy@pacific.edu

Original Effective Date: April 14, 2003 Updated: May 5, 2025

Authorized Forms of Communication

University of the Pacific School of Dentistry can send you various notices via electronic methods. An example would be appointment reminders, letters, clinic updates and requests for information. In order to communicate with you using these methods (text or email) we need your authorization to do so. Not all communications will use electronic methods; we will still call you and send communications through the US Postal service on occasion.

Please note that electronic transmissions are not secure and are at risk for access by third parties. To help ensure your privacy, to the best of our ability, no personal identifying information (E.g. Birthdates, ID numbers) will be included in transmissions.

If you would like to receive communications by the methods above, please sign below. You may choose one or the other or both.

I consent for the University of the Pacific School of Dentistry to communicate with me via text messages and/or email. I understand that the responsibility of attending appointments or cancelling them still rests with me. I understand that transmission may not be secure. I agree to advise the school if my mobile number changes or my email service is no longer viable.

Text ☐ Yes ☐ No

Email ☐ Yes ☐ No

Signed _____

Date _____

Financial Policies

The undersigned authorizes the University of the Pacific to submit claims (on patient's behalf) to insurance, Denti-Cal, or other third party payer(s) and to disclose health information to the extent necessary to obtain payment. The undersigned also assigns benefits paid by insurance, Denti-Cal or other third party payer(s) directly to the University of the Pacific. In consideration of the dental services provided, the undersigned assigns to the University of the Pacific any benefits to which the undersigned may be entitled to receive, including without limitation any such benefits due or claims the undersigned has under or pursuant to a benefit plan governed under ERISA, 29 USC sec 101 et seq.

I have reviewed the University of Pacific's financial policies as stated above and I understand, agree to be bound by, and accept the responsibility of cooperating with these policies. I understand that I will be responsible for all financial balances resulting from treatment received that is not paid by my insurance company, Denti-Cal or any third party payee.

Signed _____

Date _____

**University of the Pacific
School Of Dentistry**

Dental Materials Fact Sheet Acknowledgement of Receipt

I acknowledge that I have received the Dental Materials Fact Sheet developed by the Dental Board of California. I understand that this fact sheet has been provided to me in an effort to ensure I am fully informed of the variety of materials available for dental restorations. I understand that I should review this information to make a fully informed decision regarding dental restorative treatment. I also understand that if I have questions or concerns regarding this information that it is my right to have a discussion regarding this aspect of my care with my student or supervising clinical faculty member before undertaking any restorative treatment.

Signed

Date

Acknowledgement of Receipt of Notice of Privacy Practices

** You Have the Right to Refuse to Sign This Document**

I, (print name)_____ have read and/or received a copy of this
office's Notice of Privacy Practices.

Signed

Date

For Office Use Only

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

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

UNIVERSITY OF THE
PACIFIC
Arthur A. Dugoni
School of Dentistry

The University of the Pacific, San Francisco Campus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The University does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The University:

Provides free aids and services to people with disabilities to communicate effectively with us, such as;

- Qualified sign language interpreters,
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as;

- Qualified interpreters
- Information written in other languages

If you need these services, contact a member of staff or if applicable your student dentist.

Our services are fully accessible in accordance with all federal and state laws. The University provides all necessary assistance for accessibility in exam areas. For assistance outside of these areas patients are welcome to bring companions to their appointments.

If you believe that the University has failed to provide these services or discriminated in another way on the basis of race, color national origin, age, disability, or sex, you can file a grievance with

Vanessa Bricker, Director of Patient
Relations
155 Fifth Street, San Francisco, CA 94103
vbricker@pacific.edu
(415) 351-7124, (415) 929-6699 (fax)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Vanessa Bricker, Director of Patient Relations, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> , or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201
1-800-868-1019, 1-800-537-7697 (TDD)

“CHÚ Ý: nếu quý vị nói tiếng Việt, dịch vụ trợ giúp ngôn ngữ được cung cấp miễn phí cho quý vị. Nếu quý vị thấy cần các dịch vụ này, vui lòng yêu cầu sinh viên nha khoa, bác sĩ thực tập hoặc lễ tân của mình”