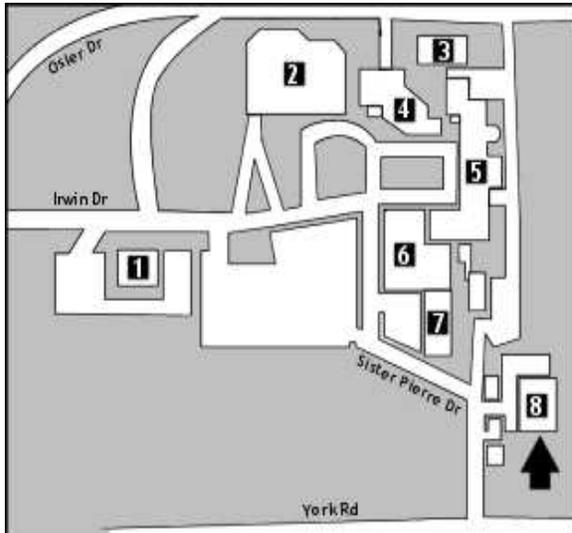


Dear New Patient,

Thank you for scheduling an appointment with Advanced Dental Care. To ease the transition to our office we have put together a packet to outline our office's information and policies. Please take time to review this package before your appointment. If you have any further questions before your appointment feel free to contact us at 410-825-7500.

Sincerely,

Mehdi Zamani, D.D.S.



From Downtown

Take I-83 North (Jones Falls Expressway) onto Northern Parkway. Follow to York Rd. Turn left and follow York until you reach Sister Pierre Drive. Turn left onto Sister Pierre Drive and then right at the Professional Centre sign.

From I-695 East

Travel on I-695 East to exit #26A (Towson/York Rd). Make a left onto West Road and shortly after make a right onto York Road. Follow York Road south past the circle until you reach Sister Pierre Drive. Turn right onto Sister Pierre Drive and then right at the Professional Centre sign.

From I-695 West

Travel on I-695 East to exit #27A (Dulaney Valley Road Rd) going towards Towson. Bear left onto York Road. Follow York Road South until you see Sister Pierre Drive on the right. Turn right onto Sister Pierre Drive and then right at the Professional Centre sign.

Legend

1. St. Joseph Professional Building
2. Patient & Visitor Parking Garage
3. Radiation Oncology Center
4. O'Dea Building
5. Irwin Center
6. Ambulatory Services
7. St. Clare Building
8. Professional Centre

Advanced Dental Care Office Policies

Office Conduct

To respect other patients and office staff we ask that all patients act in an orderly manner when in our office. Please refrain from the use of profanity. We also ask that you not eat or drink in the office to keep the waiting room and operatories clean.

Appointment Cancellations

Appointments must be rescheduled or cancelled at least 24 hours prior to treatment. Any cancellations after this time may be subject to a \$50 fee. Advanced Dental Care reserves the right to reschedule your appointment if you arrive 15 minutes or more late for your scheduled time.

Personal Information Changes

Please notify the secretary of any changes to address, phone number, insurance carrier, etc before being seen for treatment.

Insurance Coverage

To minimize your wait before you are seen please inform the secretary of any insurance coverage before you are seen. We accept a variety of PPO insurance plans. If you have any question of whether we accept your plan or not please ask before arriving at the office. To ensure the correct insurance billing, we would ask that for your first visit you bring your insurance card or a statement of proof of insurance that includes your name, carrier, ID number, insurance phone number and address. After we have obtained a copy you do not need to show your card again unless your coverage or carrier changes. If this is to occur please inform our office before you are seen to prevent any billing mistakes.

Non-participating Insurance Holders and Self-Pay Patients

For those patients whose insurance plan we do not accept or who do not have insurance, payment is due at time of treatment unless otherwise agreed upon. For longer treatment plans, such as ongoing orthodontics, our office will be happy to set a payment plan for you. You will be asked to make a down payment of 25% of the total treatment plan on the first visit that treatment is started. The remaining balance must be paid in full before treatment is completed. This service is only provided for those patients who have been seen in our office and evaluated for treatment.

Payment Policies

In accordance with the terms of your insurance plan, any co-payments are due at the start of each visit. Our office reserves the right to reschedule your appointment if you are behind on payment. Advanced Dental Care accepts Visa, Mastercard, Discover, American Express, personal checks (ID must be provided) or cash payments.

Advanced Dental Care Notice of Privacy Practices

Understanding Your Health Records

Every time you visit a hospital or health care provider your visit is recorded. Usually this record contains symptoms, examination, test results, diagnosis, treatment and/or future treatment plans. These records serve as a basis for planning your care and communicating among the health care providers that contribute to your care. Understanding what is in the record and how your health information is used helps to ensure its accuracy, better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others.

Your Medical Record Rights

Although your health record is the physical property of the facility that compiled it, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect and obtain a copy of your health record, obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or alternative locations, revoke your consent to use or disclose health information, except to the extent that action has already been taken.

Our Responsibilities

Advanced Dental Care is required to maintain the privacy of your health information, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means, or at alternative locations. We reserve the right to change our practices and to make new provisions effective for all projected health information we maintain. Should our information practices change we will post a notice in the waiting room informing patients that a change has occurred. A copy of the new practice changes can be obtained by request.

How We May Use and Disclose Your Medical Records

Although we are no longer required to obtain a written consent for use and disclosure of protected health information for treatment, payment and health care operations, we still need to have your consent for other special situations listed below. Therefore we are requesting you sign this consent so that we have the ability to provide complete health care without restrictions. You have the right to request certain restrictions in writing and we can either comply with or deny your request. It is our goal to keep communication clear and open between practice and patients and allow you to know how thus practice functions relative to patient care.

Special Situations

- **To avert serious threat to health or safety-** We may disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Emergency treatment-** We are allowed to treat emergency individuals in emergency situation, even when the patient does not consent to use and disclosure of health information
- **Treatment of incapacitated adults-** The laws allow information to be disclosed to the legally designated representative of an incapacitated individual, and for granting of consent by such representatives.
- **Required by law-** We will use or disclose health information about you when required to in following the more stringent of State, Federal or local laws

- **Workers' compensation-** We may release health records about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illnesses.
- **Health oversight activities-** We may disclose health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state or federal agencies to monitor the health care system, government programs and compliance with civil rights laws.
- **Lawsuits and disputes-** If you are involved in a lawsuit or a dispute we may disclose health information to a court or administrative order. Subject to all applicable legal requirements, we may disclose health information about you in response to a subpoena.
- **Law enforcement-** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all legal requirements. Information is not personally identifiable. We may use or disclose health information about you in a way that does not personally identify or reveal who you are.
- **Family and Friends-** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you raise no objection. We may also disclose health information to your friends and family if we can infer from the circumstances, based on professional judgment, that you would not object.

Other Uses and Disclosures of Health Information

We will not use or disclose your health information for any other purpose than those identified in the previous sections without your specific authorization. If you give us specific separate authorization to use or disclose health information, you may revoke that authorization in writing at any time. If you revoke authorization we will no longer use or disclose information about you, but we cannot take back any uses or disclosures already made with permission.

Any requested restrictions to your patient health information should be made at the time that you sign the consent or within 30 days thereafter. We are not required to agree to your request for restrictions. If we do agree this will be placed in writing and put into effect unless the information is needed for emergency treatment. To request any restrictions, you may complete the Request for Restrictions form and return it to our office.

If we have HIV or substance abuse information about you, we cannot release that information without special signed and written authorization. In order to disclose those types of records we will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

For More Information or to Report a Problem

If you have any further questions, or would like additional information please contact our office manager, Alissa Deise, at 410-825-7500. If you believe your privacy rights have been violated please file a written complaint and send it to: Advanced Dental Care, 120 Sister Pierre Drive suite 503, Towson, MD 21204.

I have read the above information and I understand my rights. I agree to the release of my medical records as indicated under the Special Situations passage above.

Signature

Date