



SOUTHEAST ORTHODONTICS

BRIAN R. GAUDREULT, DMD · BENJAMIN M. GAMM, DDS · STACI PALETTA, DMD

Creating Smiles for Adults and Children

Dear New Patient,

Welcome to our practice! We are pleased that you have chosen Southeast Orthodontics to provide your orthodontic care. Our practice is committed to providing our communities the highest quality orthodontic care, in a friendly, caring and comfortable atmosphere. Our hygiene program is an essential component of every treatment plan, supporting our mission to deliver a healthy beautiful smile and a positive treatment experience for each patient.

At your initial visit, you will meet with the Doctor and one of our treatment coordinators. They will review your health history, take initial orthodontic measurements and the Doctor will perform a clinical examination while discussing existing dental/orthodontic concerns and desired treatment outcomes with you. This will be followed by a report indicating:

- Recommended orthodontic treatment and treatment options
- Estimated length of treatment and ideal time to start
- Estimated treatment costs
- Proposed financial payment options

Our initial examination is complimentary. If treatment is indicated, and additional Orthodontic records are recommended, our treatment coordinator will discuss them along with any associated fees at that time. Please allow approximately 60 minutes for this first appointment.

Enclosed for completion prior to your appointment, is a notice of our privacy practices, along with a registration and health history form. Please bring with you to your first appointment on the completed registration and health history form and signed privacy practices document.

We invite you to visit our website at www.southeastortho.com for additional information (e.g. hygiene program, treatments, patient programs and resources). If you have any questions, please give us a call. Thank you for selecting our practice for your orthodontic needs. We look forward to meeting you.

Sincerely,

Brian R. Gaudreault, D.M.D.
Benjamin Gamm, D.M.D.
Staci Paletta, D.M.D.

Enclosures



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Notice of Privacy Practices

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of 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 4/14/2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of the 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 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 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 top of this Notice.

Uses and Disclosures of Health Information

We may 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.

Your Authorization

In addition to your use of 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 also, if you do not wish to have treatment information and /or clinical photographs displayed or utilized for academic or continuing education purposes, please inform our office. If you give us an authorization, you may revoke it in writing at any time. 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 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.

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Initial _____



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Notice of Privacy Practices (Continued)

Persons Involved In Care

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 a prescription, 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.

Required By Law

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

Acknowledgement of Receipt of Notice of Privacy Practices*

I, _____ have received a copy of Southeast Orthodontics, Inc.
Notice of Privacy Practices.

Signature

Date

Print Name

**Note: You may refuse to sign this acknowledgement*