



PARENTAL AGREEMENT AND GUIDELINES

Parents are welcome to accompany their child into the treatment area during the initial examination, this gives you the opportunity to see our dental team in action as well as allowing the doctors to discuss dental findings and treatment needs directly with you. **We do ask that if you choose to accompany your child, you assume the role of a silent observer. Your presence is greatly enhanced if you play a passive role.** If more than one person is speaking to your child, they may become confused. Cooperation and trust must be established **directly** between the Doctor or the dental assistants and your child, not through you. We also ask that siblings remain in the reception room or the play area. There also may be times when a child's experience is enhanced by a parent's absence. The following is a brief explanation of some of the methods we use to guide your child's behavior and to provide a positive dental experience. Since every child is unique, no list can be 100% complete so other useful methods may be explained as needed.

TELL - SHOW – DO: This is the most important tool for teaching your child. Your child is **told** in simple terms what is going to be done. They are then **shown** what is going to be done. Finally, the procedure is performed.

VERBAGE: When talking with your children, we use simple terms describing what is going to be done. For example, a dental exam becomes "counting your teeth!" A dental prophylaxis (cleaning) becomes "brushing and tickling your teeth!" These terms are friendlier & help to provide a better experience for your child. We encourage you to use these terms as well when speaking with your child about their dental experience.

DISTRACTION: Sometimes it is necessary to distract your child from an unpleasant sensation by focusing his/her thoughts on something other than what is being done at that moment. We've found that movies are a great assistant in this task.

POSITIVE REINFORCEMENT: This is a technique used to reinforce good behavior by praising your child or providing a reward directly following a desired response. This promotes continued good behavior.

VOICE CONTROL: Voice control is a controlled change of voice volume, tone or pace to influence and direct your child's behavior. This technique is used to establish a line of communication between the Doctor and your child.

These guidelines are in place to ensure that we can provide the best and most positive dental experience for your child. Please feel free to speak with anyone in our office if you have any questions or concerns. Thank you for allowing us the opportunity to provide exceptional dental care for your child.

NOTICE OF PRIVACY PRACTICES

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 01-01-2017 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 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 health information about you for treatment, payment, and healthcare operations. For example: **(1) Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. **(2) Payment:** We may use and disclose your health information to obtain payment for services we provide to you. **(3) 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. **(4) 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 an 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. **(5) To Your Family and Friends:** We must disclose your health information to your, 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. **(6) 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 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. **(7) Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization. **(8) Required by Law:** We may use or disclose your health information when we are required to do so by law. **(9) 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 health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. **(10) National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials 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 of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail, email or text message, postcards, or letters). Please inform our office if you do not desire us to leave detailed appointment information on your home voicemail.

PATIENT RIGHTS: (1) 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 \$2.00 for the first page and \$1.50 for each additional page, as well as 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. **(2) 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 January 1, 2016. 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.

(3) 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).

(4) Alternative Communication: You have the right to request that we communicate with you about your health information by alternative 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 of how payments will be handled under the alternative means or location you request. **(5) Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, 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 by 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 the U.S. Department of Health and Human Services.

DENTAL MATERIALS FACT SHEET

By the Dental Board of California, 1432 Howe Avenue, Sacramento, CA 95825, www.dbc.ca.gov

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 (silver fillings), 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 (silver) 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 (silver). 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 of 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 of cause cancer.

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

Dental Materials- Advantages & Disadvantages

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	Disadvantages
Durable; long lasting	Refer to "what about the safety of filling materials"
Wears well; holds up well to the forces of biting	Gray colored, not tooth colored
Relatively inexpensive	May darken as it corrodes; may stain teeth over time
Generally completed in one visit	Requires removal of some healthy tooth structure
Self-sealing; minimal-to-no shrinkage and resists leakage	In larger amalgam fillings, the remaining tooth may weaken and fracture
Resistance to further decay is high, but can be difficult to find in early stages	Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold
Frequency of repair and replacement is low	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 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	Disadvantages
*Strong and durable *Tooth colored *	*Refer to "What About the Safety of Filling Materials" *Moderate occurrence of tooth sensitivity; sensitive to dentist's

<p>Single visit for fillings</p> <ul style="list-style-type: none"> *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 	<p>method of application</p> <ul style="list-style-type: none"> *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
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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.

<p>Advantages</p> <ul style="list-style-type: none"> *Reasonable 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 	<p>Disadvantages</p> <ul style="list-style-type: none"> *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
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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.

<p>Advantages</p> <ul style="list-style-type: none"> *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 	<p>Disadvantages</p> <ul style="list-style-type: none"> *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
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PORCELAIN (CERAMIC): Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is colored and is used in inlays, tooth-veneers, crowns and fixed bridges.

<p>Advantages</p> <ul style="list-style-type: none"> *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 	<p>Disadvantages</p> <ul style="list-style-type: none"> *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
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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.

<p>Advantages</p> <ul style="list-style-type: none"> *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 	<p>Disadvantages</p> <ul style="list-style-type: none"> *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
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DENTAL BOARD OF CALIFORNIA