

NOTICE OF PRIVACY PRACTICE

This notice describes how dental information about you may be used and disclosed and how you can get access to this information. Please review it.

Our Pledge Regarding Your Health Information

We understand that information about you (or your child) and your health is personal. We are committed to protecting the privacy of this information. Each time you visit Pristine Dental Group, a record of the care and services you receive is created. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your (or your child's) care generated by any of the Pristine Dental's Staff. The notice will tell you about the ways in which we may use and disclose health information about you or your child. References to "your health information" include health information about you or your child. We also describe your rights and our duties regarding the use and disclosure of health information.

Our Responsibilities

We have a duty and responsibility to safeguard your health information. We are required by law to maintain the privacy of your health information and to give you this notice of our duties and our privacy practices. We must follow the terms of our notice that are currently in effect.

Changes to this Notice

We reserve the right to change the terms of this notice and to make the revised terms effective for health information we already have about you as well as any information we receive in the future. A copy of the current notice will be posted in our office. This notice will also be available at the reception area of our office.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us, Pristine Dental Group; your care and treatment will not be affected and you will not be penalized for filing a complaint. You may contact our Privacy Contact, the OFFICE MANAGER at (619) 295-8891 for further information about the complaint process. You also have the right to complain to the Secretary of the United States Department of Health and Human Services.

How we may use and Disclose Health Information about You

The following categories describe different ways that the law permits us to use and disclose your health information. For each category of use and disclosures, we will explain what we mean and give at least one example of how we use or disclose your health information. Not every use or disclosure will be listed. However, all ways that we are permitted to use and disclose your health information will fall within one of the categories.

Treatment

We may use and disclose health information about you to provide dental treatment and services. For exam we may disclose health information about you to doctors, technicians, and other health care providers, so they can provide care to you or coordinate your continuing care.

Payment

We may use and disclose health information about you so treatment and service you receive at or from you health care organizations may be billed and payment collected. For example, we may need to give you health information about a procedure you receive in our office, so your healthcare plan will pay us or reimburse you for your treatment. We also may tell your dental care plan about the treatment you are going to receive in order to obtain prior approval or to determine whether your dental plan will cover the treatment.

Business Associates

Some of the services or activities in our organizations are provided through contracts with business associates. For example, we may contract with accreditation agencies, management consultants, quality assurance reviewers, billing and collection services, and accountants to provide services on our behalf. We may disclose you health information to our business associates so they can perform the service on our behalf. We require our business associate to sign a written agreement to protect your health information.

Operations

We may use a sign-in sheet at registration desk where you will be asked to sign your name and indicate your treating provider. We may also call you by name in the waiting room when your treating provider is ready to see you.

Appointment Reminders

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or dental care at our office.

Treatment Alternative

We may use and disclose health information to tell you about recommended possible treatment options or alternatives that may be of interest for you.

Health Related Products or Services

We may use and disclose health information to tell you about our health related products or series that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

Unless you specifically tell us in advance not to do so, we may disclose health information about you to a friend or family member who is involved in your care (treatment) or who helps pay for your care (treatment).

As Required by Law

We will disclose health information about you when required by federal, state or local laws.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR WRITTEN AUTHORIZATION

There are some situations where we may use or disclose you protected health information without your permission or without giving you a chance to agree or object, such as the following:

Military Personal

If you are a member of the United States or foreign armed forces, we may release health information about you as required by military command or government authorities.

To avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to you health and safety or the health and safety of the public or another person. Any disclosure, however, would be to someone able to help prevent harm to the health or safety of you, another person, or public.

Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized or required by law. For example, these oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights and other laws.

Public Health Activities

We may disclose health information about you for public health activities these generally include the following:

- To prevent or control disease, injury or disability
- To report births or deaths
- To report child abuse or neglect
- To report reactions to medications, problems with products or the adverse events
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been a victim of abuse (including child abuse), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Lawsuits and Disputes

If you are involved in a lawsuit or a legal dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discover request or other lawful process by someone else involved in the legal dispute. We would only disclose the information if the efforts have been made to tell you about the request (which may include written notice to you) to allow you to obtain an order protecting the information requested or if we receive a court order protecting the information.

Law Enforcement

We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- As required by law to report certain types of injuries;
- In response to a court order or court-ordered warrant subpoena or summons or similar process;
- To provide certain limited information to identify or locate a suspect fugitive, material witness or missing person;
- About the victim of a crime if, under certain circumstances, we are unable to obtain the persons agreement;
- About a death we believe may be the result of a criminal conduct
- About criminal conduct at our office; and
- In a medical emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who may have committed the crime.

National Security and Intelligence Activities

We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose health information about you to authorized federal officials so that they may provide protection to the president; other authorized persons, or foreign heads of state or to conduct special investigations.

With Your Specific Written Authorization

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will only be made with your written permission or authorization. If you provide us with permission to use or disclose health information about you, you may revoke that permission, this will stop any further use or disclosure of your health information for the purposes covered by your written permission, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to keep our records of the care that we provided to you.

For example, some disclosures that require your authorization are as follows:

Your Health Privacy Rights

You have the right to:

1. Request a restriction on certain uses and disclosures of your information. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a procedure you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction, you must make a request in writing to our office. In the request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use of disclose or both; and (3) to whom you want the limits to apply, for example, disclosures to grandparents.
2. Obtain a paper copy of this notice of privacy practices upon request. You have a right to a paper copy of this notice, you may ask us to give you a copy of this notice at any time. Even if you agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
3. Inspect and request a copy of your health record for a fee. You have the right to inspect and copy health information that may be used to make decisions about your health care. Usually, this includes health and billing record and may also include some mental health information. To inspect and copy your health information you must submit your request in writing to our office. If you request a copy of your records, we may charge a fee for the cost of copying, mailing and other supplies associated with your request. We may deny your request under certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed dental professional will review your request. We will abide by the outcome of that review.
4. You may have the right to have your provider amend your protected health information; this means you may request an amendment to protect health information about yourself in a designated record set for as long as we maintain this information. In certain case, we may deny your request for an amendment. If we deny your request for an amendment you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your state and will provide you with a copy of any such rebuttal. Please contact our privacy contact to determine if you have questions about amending your medical record.
5. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this notice. It excludes disclosure we may have made to you for a facility directory, to family members, and friends involved in your care, or for notification purpose, or disclosure for which you have signed an authorization. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Minors and Personal Representatives

In most situations, parents, guardians and/or others with legal responsibilities for minors (children under 18 yrs of age) may exercise the rights described in this notice on behalf of the minor. However, there are situations in which are independently May exercise the right described in this notice. Upon request we will provide you with additional information on the minor's right under state law.

This Notice was published and becomes effective on April, 2003.

DENTAL MATERIALS FACT SHEET

What about the safety of filling materials?

Patient health and the safety of dental treatments are the primary goal 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 return, must provide this sheet with every new patient and all patients of record only once before beginning any dental filling procedure.

As a 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 Codes 1659.10-1648.20*

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, diet and chewing habits.

Allergic reactions to dental materials

Components of 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 material 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 filling material is chosen.

Toxicity of dental materials

Dental Amalgam

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

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research concerns 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 researched 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, child 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 of 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 Prop. 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 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

- * Resistance to further decay is high, but can be difficult to find in early stages
- * Relatively inexpensive
- * Self-sealing; minimal-to-no shrinkage and resist leakage
- * Wears well; holds up well to the forces of biting
- * Completed in one visit
- * Durable; Long lasting

Disadvantages

- * Refer to "what about the safety of filling materials"
- * Contact with other metals may cause occasional, minute electrical flow
- * 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 or cold
- * Gray colored, not tooth colored
- * May darken as it corrodes; may stain teeth over time
- * Requires removal of some healthy tooth

Composite Resins Fillings

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

Advantages

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

Disadvantages

- * Refer to "what about the safety of filling materials"
- * Moderate occurrence of tooth sensitivity; sensitive to dentist's method of application
- * Requires more than one visit for inlays, veneers, and crowns
- * Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- * Cost more than dental amalgam
- * May wear faster than dental enamel
- * May leak over time when bonded beneath the layer of enamel

Glass Ionomer Cement

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

Advantages

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

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 change of periodontal disease
- * Does not wear well; tends to crack over time and can be dislodged

Resin-Ionomer Cement

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to 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
- * May be used for short-term primary teeth restorations
- * Good resistance to leakage
- * Minimal amount of tooth needs to be removed and it bonds well to the enamel and the dentin beneath the enamel
- * Usually completed in one dental visit
- * Good for non-biting surfaces
- * May hold up better than glass ionomer but not as well as composite
- * Material has low incidence of producing tooth sensitivity

Disadvantages

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

Porcelain (Ceramic)

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

Advantage

- * Good resistance to further decay if the restorations fits well
- * Is resistant to surface wear but can cause some wear on opposing teeth
- * 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)
- * The material does not cause tooth sensitivity
- * Resist leakage because it can be shaped for a very accurate fit

Disadvantages

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

Nickel or Cobalt Chrome- Alloys

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

Advantages

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

Disadvantages

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

Porcelain Fused to Metal

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

Advantages

- * Good resistance to further decay if the restoration fits well
- * The material doesn't not cause tooth sensitivity
- * Very durable, due to metal substructure
- * 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
- * High cost because it requires at least two office visits and laboratory services

Gold Alloy

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

Advantages

- * Good resistance to further decay if the restoration fits well
- * Does not corrode in mouth
- * Wears well; does not cause excessive wear to opposing teeth
- * Excellent durability; does not fracture under stress
- * 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 yellow
- * High cost; requires at least two office visits and laboratory services
- * Conducts heat and cold; may irritate sensitive teeth