



**Little Smiles of Orange County
Pediatric Dentistry**

NOTICE OF PRIVACY PRACTICES

Purpose: This form, Notice of Privacy Practices, presents the information that federal law requires us to give our patients regarding our privacy practices. {Note: this form may need to be changed to reflect the dental practice's particular privacy policies and/or stricter state laws.}

We must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, after April 14, 2003. We must make a good-faith attempt to obtain written acknowledgement of receipt of the Notice from the patient. We must also have the Notice available at the office for patients to request to take with them. We must post the Notice in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the Notice. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised Notice in our office as discussed above.

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).



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Pediatric Dentistry**

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 (MM/DD/YR), 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:

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.

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.

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.

To Your Family and Friends: We must disclose your health information to you, 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.

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.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

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

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.

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 institution or law enforcement official 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 messages, postcards, or letters).

PATIENT RIGHTS

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 practicably 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 \$0.35 for each page, \$0.00 per hour for staff time to locate and copy your health information, and 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.)

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 April 14, 2003. 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 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).

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 how payments will be handled under the alternative means or location you request.

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.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

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 to us 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 with the U.S. Department of Health and Human Services.

Contact Officer: Ms. Amanda Viramontes

Telephone: 949-733-3433 Fax: 949-733-3437

E-mail: info@littlesmilesoc.com

Address: 4980 Barranca Parkway Suite 101 Irvine, Ca 92604

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Dental Materials Fact Sheet

TYPES OF DIRECT RESTORATIVE DENTAL MATERIALS

COMPARATIVE FACTORS	TYPES OF DIRECT RESTORATIVE DENTAL MATERIALS			
	AMALGAM	COMPOSITE RESIN	GLASS IONOMER CEMENT	RESIN-IONOMER CEMENT
General Description	Self-hardening mix of varying amounts liquid mercury and silver-in powder	Mixture of powdered glass and plastic resin. Self-hardening or hardened by light	Self-hardening mixture of glass and organic acid	Mixture of glass and resin polymer and organic acid, self-hardening by light
Principle Uses	Fillings, sometimes for replacing portions of broken teeth	Fillings, inlays, veneers, partial and complete crowns, replacing broken teeth	Small fillings, cementing metal & porcelain crowns, liners, interim fill	Small fillings, cementing metal & porcelain metal crowns, and liners
Resistance to Further Decay	High, self-sealing ability results recurrent decay but is difficult to detect	Moderate, recurrent decay is easily detected in early stages	Low-Moderate, some resistance to decay through fluoride release	Low-Moderate, some resistance to decay, may be impured through fluoride release
Durability (Permanent Teeth)	Durable	Strong, durable	No stress bearing crown cement	No stress bearing crown cement
Relative Amount Of Tooth Preserved	Fair. Needs removal of healthy tooth to be retained. No adhesion to the tooth	Excellent: bonds adhesively to healthy enamel and dentin	Excellent: bonds adhesively to healthy enamel and dentin	Excellent: bonds adhesively to healthy enamel and dentin
Resistance to Surface Wear	Low. Similar to dental enamel, brittle metal	May wear slightly faster than dental enamel	Poor in stress-bearing applications. Fair in non-stress bearing applications	Poor in stress-bearing applications. Good in non-stress bearing applications
Resistance to Fracture	Amalgam may fracture under stress; tooth around filling may fracture before the amalgam does	Good resistance to fracture	Brittle, low resistance to fracture but not recommended for stress-bearing restorations	Tougher than glass ionomer; recommended for stress-bearing restorations in adults
Resistance to Leakage	Good, self-sealing by surface contraction; margins may chip over time	Good if bonded to enamel; may leak over time when bonded to dentin; won't corrode	Moderate; tends to crack over time	Good; bonds to resin, enamel, dentin; post-insertion expansion may seal margins
Resistance to Occlusal Stress	High, but lack of adhesion may weaken the remaining tooth	Good to Excellent depending upon product used	Poor, not recommended for stress-bearing restorations	Moderate; not good for biting surfaces of adults; suitable for primary teeth fillings
Toxicity	Generally safe, occasional allergic reactions to metal portions. Contains Mercury in its elemental form is toxic and as such is listed on prop 65	Concerns about trace chemical release are not supported by research studies. Safe, no known toxicity documented. Contains some compounds listed on prop 65	No known incompatibilities. Safe, no known toxicity documented	No known incompatibilities. Safe, no known toxicity documented
Allergic or Adverse Reactions	Rare; recommend that dentist evaluate patient to rule out metal allergies	No documentation for allergic reactions was found	No documentation for allergic reactions. Grindal rougher surface may lead to more plaque and periodontal disease	No known documented allergic reactions. Surface may roughen over time, dispose to more plaque and periodontal disease
Susceptibility to Post-Operative Sensitivity	Minimal. High thermal conductivity may promote temporary sensitivity to hot and cold. Contact with other metals may cause occasional and transient galvanic response	Moderate. Material is sensitive to dentist's technique; material shrinks slightly when hardened, and a poor seal may lead to bacterial leakage, recurrent decay and tooth sensitivity	Low; material seals well and does not irritate pulp	Low; material seals well and does not irritate pulp
Ethetics (Appearance)	Very poor. Not tooth colored, initially silver-gray, gets darker, becoming black as it corrodes. May stain teeth dark brown or black over time	Excellent; often indistinguishable from natural tooth	Good; tooth colored, varies in translucency	Very good; more translucency than glass ionomer
Frequency of Repair or Replacement	Low; replacement is usually due to fracture of the filling or the surrounding tooth	Low-Moderate; durable, hardens rapidly; may show more rapid wear than amalgam. Marginal leakage usually cause for replacing	Moderate; slowly dissolves in mouth; easily dislodged	Moderate; more resistant to dissolving than glass ionomer; but less than composite resin
Relative Costs to Patient	Low, relatively inexpensive. Actual cost of fillings depends upon their size	Moderate; actual cost depends upon size, veneers & crowns cost more	Moderate; similar to composite resin (not used for veneers and crowns)	Moderate; similar to composite resin (not used for veneers and crowns)
Number of Visits Required	Single visit (polishing may require a second visit)	Single visit for fillings, 2- visits for indirect inlays, veneers, crowns	Single visit	Single visit

COMPARATIVE FACTORS	AMALGAM	COMPOSITE RESIN	GLASS IONOMER CEMENT	RESIN-IONOMER CEMENT
	AMALGAM	COMPOSITE RESIN	GLASS IONOMER CEMENT	RESIN-IONOMER CEMENT
General Description	Glass-like material formed into fillings and crowns using models of the teeth	Glass-like material that is baked onto metal shells. For crown and bridges	Mixtures of gold, copper and other metals used mainly for crowns and fixed bridges	Mixtures of nickel, chromium
Principle Uses	Inlays, veneers, crowns and fixed-bridges	Crowns and fixed-bridges	Cast crowns and fixed bridges, some partial denture frameworks	Crowns and fixed bridges; most partial denture frameworks
Resistance to Further Decay	Good, if the restoration fits well	Good, if the restoration fits well	Good if the restoration fits well	Good if the restoration fits well
Estimated Durability (Permanent Teeth)	Moderate. Brittle material may fracture under high biting forces. Not recommended for molar teeth	Very good. Less susceptible to fracture due to the metal substructure	Good. Does not fracture under stress; does not corrode in the mouth	Excellent. Does not fracture under stress; does not corrode in the mouth
Relative Amount Of Tooth Preserved	Good - Moderate. Little removal of natural tooth for veneers, more for crowns as strength is related to its bulk	Moderate - High. More tooth must be removed to permit the metal to accompany the porcelain	Good. A strong material that requires removal of a thin outside layer of the tooth	Good. A strong material that requires removal of a thin outside layer of the tooth
Resistance to Surface Wear	Resistant to surface wear, but abrasive to opposing teeth	Resistant to wear. Metal or porcelain on the biting surface of crowns and bridges	Similar hardness to natural enamel, does not abrade opposing teeth	Harder than enamel but minimally wear to opposing natural teeth, won't break in bulk
Resistance to Fracture	Poor resistance to fracture	Porcelain may fracture	Does not fracture in bulk	Does not fracture in bulk
Resistance to Leakage	Very good. Can be fabricated for accurate fit of the margins of the crowns	Good - Very good depending upon design of the margins of the crowns	Very good - Excellent. Formed with great precision and can be adapted to the tooth.	Good - Very good - Better than gold; less adaptable, but can be formed with great precision
Resistance to Occlusal Stress	Moderate, brittle material may fracture under biting forces	Very good. Metal substructure gives high resistance to fracture	Excellent	Excellent
Toxicity	Excellent. No known adverse effects	Very Good to Excellent. Occasional rare allergy to metal alloys used	Excellent. Rare allergy to some alloys	Good. Nickel allergies are common among women though rarely in dental restorations
Allergic or Adverse Reactions	None	Rare. Occasional allergy to metal shell	Rare, occasional reactions if susceptible	Occasional. Infrequent reactions to nickel
Susceptibility to Post-Operative Sensitivity	Not material dependent; does not conduct heat and cold well	Not material dependent; does not conduct heat and cold well	Conducts heat and cold; may irritate sensitive teeth	Conducts heat and cold; may irritate sensitive teeth
Ethetics (Appearance)	Excellent	Good to Excellent	Poor - yellow metal	Poor - dark silver metal
Frequency of Repair or Replacement	Varies, depends on biting force; breaking of molar teeth more than anterior teeth; fracture may be repaired	Infrequent; porcelain fracture can often be repaired with composite resin	Infrequent; replacement is usually due to recurrent decay around margins	Infrequent; replacement is usually due to recurrent decay around margins
Relative Costs to Patient	High, at least 2 office visits and lab fees	High, at least 2 office visits and lab fees	High, at least 2 office visits and lab fees	High, at least 2 office visits and lab fees
Number of Visits Required	Two - minimum; matching esthetics of teeth may require more visits	Two - minimum; matching esthetics of teeth may require more visits	Two - minimum	Two - minimum

Glossary of Terms

General Description - Brief statement of the composition and behavior of the dental material

Principle Uses - The types of dental restorations that are made from this material

Resistance to further decay - The general ability of the material to prevent decay around it

Estimated Durability - The probable average length of time before the material will have to be replaced, depends on factors unrelated to the material, i.e. biting habits of the patient, their diet, the strength of their bite, oral hygiene, etc.

Relative Amount of Tooth Preserved - A general measure of how much tooth needs to be removed in order to place and retain the material

Conservation of Tooth Structure - A general measure of how well the material holds up over time under the forces of biting, grinding, cleaning, etc.

Surface Wear-Fracture Resistance - A general measure of how well the material holds up over time under the forces of biting, grinding, cleaning, etc.

Marginal Integrity (Leakage) - An indication of the ability of the material to seal the interface between the restoration and the tooth, helping to prevent sensitivity and new decay

Resistance to Occlusal Stress - The ability of the material to survive heavy biting forces over time

Biocompatibility - The effect, if any, of the material on the general overall health of the patient

Allergic or Adverse Reactions - Possible symptoms or signs and reactions of the skin, gums and other tissues to the material

Toxicity - An indication of the ability of the material to interfere with normal physiologic processes beyond the mouth

Susceptibility to Sensitivity - An indication of the probability that the restored teeth may be sensitive to stimuli (heat, cold, sweet, pressure) after the material is placed in them

Ethetics - An indication of the degree to which the material resembles natural teeth

Frequency of Repair or Replacement - An indication of the expected longevity of restoration made from this material

Relative Costs - A qualitative indication of what one would pay for a restoration made from this material compared to all the rest

Number of Visits Required - How many times a patient would usually have to go to the dentist's office in order to get a restoration made from this material

Dental Amalgam - Filling material which is composed mainly of mercury (43-50%) and varying percentages of silver, tin, and copper (46-57%)

Composite Resin - Filling material which is composed mainly of a resin matrix (43-50%) and varying percentages of silver, tin, and copper (46-57%)

Glass Ionomer Cement - Filling material which is composed mainly of a resin matrix (43-50%) and varying percentages of silver, tin, and copper (46-57%)

Resin-Ionomer Cement - Filling material which is composed mainly of a resin matrix (43-50%) and varying percentages of silver, tin, and copper (46-57%)

Porcelain (Ceramic) - Filling material which is composed mainly of a resin matrix (43-50%) and varying percentages of silver, tin, and copper (46-57%)

Porcelain (Fused-to-Metal) - Filling material which is composed mainly of a resin matrix (43-50%) and varying percentages of silver, tin, and copper (46-57%)

Gold Alloys (Noble) - Filling material which is composed mainly of a resin matrix (43-50%) and varying percentages of silver, tin, and copper (46-57%)

Nickel or Cobalt-Chrome (Base-Metal) Alloys - Filling material which is composed mainly of a resin matrix (43-50%) and varying percentages of silver, tin, and copper (46-57%)

Cast Crowns and Fixed Bridges - Filling material which is composed mainly of a resin matrix (43-50%) and varying percentages of silver, tin, and copper (46-57%)

Partial Denture Frameworks - Filling material which is composed mainly of a resin matrix (43-50%) and varying percentages of silver, tin, and copper (46-57%)

Dark Silver Metal - Filling material which is composed mainly of a resin matrix (43-50%) and varying percentages of silver, tin, and copper (46-57%)

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Caution has been issued about amalgam because of its mercury content. Although mercury by itself is a toxic material, the mercury in dental amalgam is bound to other materials that render it safe for use as a dental filling in all patients regardless of age. As questions have arisen about its safety related to its mercury content, they have been answered to the satisfaction of the major U.S. and international scientific and health bodies, including the National Institutes of Health, The U.S. Public Health Service, the Centers for Disease Control and Prevention, the Food and Drug Administration and the World Health Organization, among others. Should you have any questions, your dentist will be happy to discuss them with you. You may also wish to review the "CONSUMER Update: Dental Amalgam" published on March 18, 2002 by the U.S. Food and Drug Administration (FDA), available on the FDA web site.