

VISITING YOUR DENTIST

I understand that during orthodontic treatment, regular visits to my dentist are an essential part of the orthodontic patient's treatment. These visits may be necessary every 3-6 months dependent upon the recommendation of Dr. Griffies, the dentist or the hygienist. Regular dental visits are necessary for cleanings along with detection of cavities or bone and gum problems.

Certain problems, such as cavities or bone loss, can only be evaluated by special x-rays taken at the dentist's office. I understand that damage can occur to the teeth, bone and gum tissue if regular dental visits are not kept. I also understand that cleanings and diagnosis for cavities and periodontal disease are not part of the service provided by Dr. Griffies or any employee of the practice.

I also understand that Dr. Griffies has the right to remove the braces before orthodontic treatment is completed if the patient is not maintaining regular dental visits or if Dr. Griffies feels that additional damage will occur to the teeth if the braces are left in place. Please initial if you understand information listed above.

INITIAL _____

USING A PRESCRIPTION FLUORIDE EVERY NIGHT

It is very important that a prescription fluoride be used every night prior to going to bed. This is a recommendation of the American Association of Orthodontists based on years of research. The fluoride helps to protect the teeth, kill bacteria that can cause decalcification (destruction of the tooth) and rejuvenates the fluoride releasing glue used to hold the braces in place. Without the use of this fluoride, the risk of tooth damage increases, resulting in white spots, scars or cavities on the teeth.

Please make sure that the use of this fluoride is not discontinued during orthodontic treatment. Fluoride is not a substitute for good brushing but is a companion to good brushing. If the fluoride prescribed is not being used properly and Dr. Griffies feels that additional damage may occur to the teeth if treatment is continued, Dr. Griffies has the right to remove the braces prior to completing orthodontic treatment. Please initial if you understand the information listed above.

INITIAL _____

Patient/Responsible Party Signature

Date

Patient Name

Straighten-Up Orthodontics
John Mark Griffies, DDS, PLLC
dba Straighten-Up Orthodontics

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your protected health information (i.e., individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used or disclosed by us in one or more of the following respects:

- To other health care providers (i.e., your general dentist, oral surgeon, etc.) in connection with our rendering orthodontic treatment to you (i.e., to determine the results of cleanings, surgery, etc.);
- To third party payors or spouses (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account (i.e., to determine benefits, dates of payment, etc.);
- To certifying, licensing and accrediting bodies (i.e., the American Board of Orthodontics, state dental boards, etc.) in connection with obtaining certification, licensure or accreditation;
- Internally, to all staff members who have any role in your treatment;
- To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc.;
- To your family and close friends involved in your treatment; and/or,
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke.

Under the new privacy rules, you have the right to:

- Request restrictions on the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Inspect and obtain copies of your protected health information through asking us;
- Amend or modify your protected health information in certain circumstances;
- Receive an accounting of certain disclosures made by us of your protected health information; and,
- You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights with us (by submitting inquiries to our Privacy Contact Person at our office address) or the United States Secretary of Health and Human Services (which must be filed within 180 days of the violation).

We have the following duties under the privacy rules:

- By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
- To abide by the terms of our Privacy Notice that is currently in effect;
- To advise you of our right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us, and that if we do so, we will provide you with a copy of the revised Privacy Notice.

Please note that we are not obligated to:

- Honor any request by you to restrict the use or disclosure of your protected health information;
- Amend your protected health information if, for example, it is accurate and complete; or,
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.

This privacy notice is effective as of the date of your signature. If you have any questions about the information in this Notice, please ask for our Privacy Contact Person or direct your questions to this person at our office address. Thank you.

PATIENT ACKNOWLEDGMENT

I hereby acknowledge that I have received and reviewed a copy of this Privacy Notice.

Patient/Responsible Party Signature

Date

Patient Name

John Mark Griffies, DDS, PLLC
dba Straighten-Up Orthodontics

PRIVACY AUTHORIZATION

This Authorization is required by the privacy regulations recently promulgated by the United States Department of Health and Human Services.

Your protected health information, including individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, demographic data, photographs, x-rays, study models.

Only **Photographs, Models and X-Rays** will be used or disclosed for the purpose of (check all that apply):

- Lectures/presentations;
- Publications;
- Research;
- Practice Marketing; and/or
- Other (specify): _____

This information will be disclosed by the following people: Dr. Griffies

The information will be disclosed to the following people/entities: _____
Dental Professionals

This Authorization will expire on June, 2025.

You have the right to revoke this Authorization at any time in writing. However, your revocation will not be effective to the extent that this Authorization has been relied on.

The information used or disclosed per this Authorization may be subject to re-disclosure by the recipient(s), and thus, no longer protected by the privacy rules.

Patient/Parent/Guardian Signature

Patient Name

Date

John Mark Griffies, DDS, PLLC
dba Straighten-Up Orthodontics

LETTER OF INFORMATION AND CONSENT AGREEMENT

Orthodontic treatment is not an exact science. Like any treatment of the body, much of its success depends on the understanding and cooperation of patients. While recognizing the benefits of a pleasing smile and healthy functional teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some hazards, inconveniences, and limitations. These drawbacks seldom outweigh the long-range benefits, but should be considered in making the decision to wear orthodontic appliances.

The following information is routinely supplied to anyone considering orthodontic treatment in our office. Please read through this form carefully and ask the orthodontist/staff to explain anything you do not understand. Clarify what is expected of you as a patient, or as a parent of a young patient, to achieve excellent results.

Perfection is always our goal. The orthodontist will use his knowledge; training, skill and experience to achieve perfect function that is also aesthetically pleasing. Much depends on the patient's growth patterns, genetics, oral health, and cooperation.

Throughout life, tooth positions are constantly changing. This is true with all individuals regardless of whether they have worn braces or not. After orthodontic treatment, patients are subject to the same subtle changes that occur in non-orthodontic patients. In the late teens and early twenties, orthodontic patients may notice slight irregularities developing in their front teeth. This is particularly true if their teeth were extremely crowded prior to treatment. Prolonged wearing of retainers may be the only way to prevent this if it becomes undesirable.

Orthodontic appliances do not cause cavities. They may trap food particles and increase the likelihood of a patient developing cavities or decalcification marks. Decalcification (permanent marking on the teeth), tooth decay, or gum disease can occur if patients do not brush and floss their teeth properly and thoroughly. Patients are able to prevent these problems with a combination of proper diet, good tooth brushing habits and regular checkups with the family dentist. Sugars and between-meal snacks should be eliminated. Occasionally, periodontal (gum) problems present before orthodontic treatment may be worsened by the wearing of braces and may require treatment by another specialist.

Cold sores, canker sores, and irritations or injury to the mouth are possible while wearing braces. Loose or broken wires and bands can also scratch or irritate your cheeks, gums, or lips. Your orthodontist will give you soft wax to cover problem areas like this. Also allergic reactions to dental materials or medications are rare, but do occur occasionally.

Teeth must sometimes be extracted as part of the orthodontic procedure. Your orthodontist will recommend removal only if it improves your prospects for successful treatment. There may be a need for fillings, crowns, bridges, gum treatment or other dental procedures before, during, or after orthodontic treatment. On occasions the nerve of a tooth may become abscessed. A tooth that has been irritated by a deep filling or even a minor blow may require treatment by another dentist.

In some instances, the root ends are shortened during treatment. This process is called root resorption. Under healthy circumstances, the shortened roots are no disadvantage. There are rare circumstances that may lead to loss of teeth due to root resorption. There is no way to foresee whether this will happen and nothing can be done to prevent this from occurring.

There is also a very small chance that pain may occur in the lower jaw joints, i.e. temporomandibular. Tooth alignment or bite correction can usually improve tooth related causes of jaw discomfort, but additional treatment by another dentist may be required.

Occasionally a person who has grown normally and in average proportion may not continue to do so. If the growth becomes disproportional, the jaw position can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biological process beyond the orthodontist's control. This disharmony may necessitate surgical correction in conjunction with orthodontic treatment.

Orthodontic treatment can only be successful if all parties are willing and able to cooperate by wearing headgear, elastics, and retainers as instructed. Otherwise the length of treatment may be extended or the results may be compromised.

We want you to be fully informed, so ask questions anytime. During the period of orthodontic treatment, we may make models, x-rays, and photographs that may be used for professional reference and display, orthodontic journals, books, meetings, and patient education.

I have read and understand the letter of information and with this knowledge, consent to treatment.

Patient/Responsible Party Signature

Office Policies

We are pleased that you chose our practice for your orthodontic care! So that may be better able to serve you we have a few policies that we put in place to insure an efficient and comfortable experience for you during your visit. We appreciate your cooperation with the following:

- Please give at least 24 hours notice of cancellation.
- Our emergency number is (910) 286-1885 for genuine emergencies only (pain or discomfort). If you need to cancel, change or confirm an appointment simply leave a message on our office phone, (910) 878-5796. A broken or loose bracket, band or appliance, as long as it is not causing pain, may wait until our next business day (or even your next appointment if it is within a week) to be repaired.
- If you are more than ten minutes late for your appointment, please expect to wait for the next available opening in our schedule.
- Dr. Griffies may elect to discontinue treatment if you miss two or more appointments.
- While we do appreciate you being a few minutes early for your appointments, arriving thirty or more minutes early can be difficult on our schedule. Please call ahead if you want to try to move your appointment to an earlier time, otherwise you may expect to wait until your scheduled time to be seen.
- If you call to reschedule an appointment please know that it will be extremely difficult get an after school or Saturday appointment with short notice and you will likely need to make a morning, week day appointment.
- We are happy to write doctor's notes for the patient we are seeing on the day and time of their appointment, but cannot write notes for siblings that accompany them. We also cannot write a note for a day missed due to discomfort if it was not the doctor's recommendation to stay home.
- Due to our small waiting room size we ask that the patient be accompanied by a maximum of two guests (including parents and siblings, etc).**
- Shirt and shoes are required (including small children able to walk).
- Please do not leave children unattended in the waiting area.
- Please refrain from harshly reprimanding your children in our office. It can make patients and office staff uncomfortable. You may accompany your children outside to wait if need be.
- To minimize crowding at the front desk please make your payment before your appointment time.

Patient Signature

Office Signature