Monika Elek DDS
Christopher Petrush DDS, HFAAID, DABOI/ID

1925 Parkside Drive
Concord, CA 94519
Tel: 925-676-5515
www.diablovalleydental.com

Privacy Practices Notice

I give this practice, ***Diablo Valley Dental***, my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for the health care operations like quality reviews.

I have been informed that I may review the practice's Notice of Privacy Practices (for more complete description of uses and disclosures) before signing this consent.

I understand that I have the right to request a restriction of how my protected health information is used. However, I understand that the practice is not required to agree to the request. If the practice agrees to my restricted request, they must follow the instruction(s).

I also understand that I may revoke this consent at any time by making a request in writing, except for information already used or disclosed.

_____ _____

Patient/Guardian Signature **Date**

By signing below, I acknowledge that I have received a copy of the Dental Materials Fact Sheet as a required by law.

_____ _____

Patient/Guardian Signature **Date**

DIABLO VALLEY DENTAL

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Practice Scheduling Guidelines

We now require at least **48 hours (two business days)** notice for any appointment changes. Repeated schedule changes without proper notice may result in a **nonrefundable $50–$100 fee**, depending on the appointment type, which will be due at your next visit.

We understand that emergencies can happen. If you need to reschedule, please let us know as soon as possible so we can offer your appointment time to another patient in need.

As a courtesy to other scheduled patients, if you are more than ten minutes late to an appointment you may be asked to reschedule.

Office Financial Policy

The patient, or responsible party, is 100% responsible for the stated fees. In the event that the involved dental insurance company does not cover all expenses as expected, we shall send a statement of balance due.

A holder of the medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violated that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

We thank you in advance for your cooperation!

_____ _____

Patient/Guardian Signature Date