

INFORMED CONSENT: RISKS/LIMITATIONS OF ORTHODONTIC TREATMENT

Successful orthodontic treatment with excellent results can be achieved with an informed and cooperative patient. This information is routinely supplied to anyone considering orthodontic treatment. While there are numerous benefits to a beautiful and healthy smile, you should be aware that, as with any area of medicine, orthodontic treatment has its limitations and potential risks. They are seldom serious enough that you should not have treatment; however, one should always consider the option of no treatment.

- Results:** Orthodontic treatment usually proceeds as planned but we cannot guarantee that you will be completely satisfied with the results. Success depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding broken appliances and following instructions carefully.
- Length of Treatment:** It is difficult to accurately predict the length of treatment. We will try our best to adhere to the estimated time but due to issues such as unpredictable growth, uncorrected thumb/finger habits or poor cooperation, the time may be extended.
- Discomfort:** As the mouth is very sensitive to change, you may expect a period of adjustment or discomfort when appliances are initially placed and after each visit. Over the counter medication (Advil or Tylenol) can be used to alleviate the discomfort.
- Relapse:** Throughout life, tooth position is constantly changing with or without orthodontic treatment. After treatment, the teeth may move or even try to return to their original position, especially in the lower front area. Faithful retainer wear will reduce the likelihood of these changes. In some cases, continued jaw growth may cause a change.
- Decalcification and Decay:** With poor hygiene, there may be an increased risk of tooth decay, permanent discoloration or decalcification, and gum disease. Proper brushing and flossing is essential during treatment as well as regular visits to your dentist. Food or drinks containing sugar should be limited during treatment or followed by thorough brushing. If significant problems are noticed, treatment may be discontinued.
- Root Resorption:** The roots of some patients' teeth may shorten during treatment. The cause of this process is unknown, can occur even without orthodontics and is usually of no consequence. With gum disease, however, it may reduce the amount of bone support for the teeth and could reduce the longevity of affected teeth. If resorption is noted during treatment, treatment may be paused or discontinued.
- Nerve Damage/Dead Tooth:** A tooth that has been traumatized by an accident or a deep cavity may have had undetected nerve damage. Orthodontic treatment may aggravate the nerve and cause a flare-up. Root canal treatment, or in some cases, removal of the tooth may be necessary.
- Injury from Appliances:** Orthodontic appliances may scratch or irritate the mouth. Please notify our office of any unusual symptoms or broken appliances as soon as possible. Upon removal of appliances/braces, especially clear braces, there is a chance the tooth may fracture requiring bonding or a crown.
- TMJ:** Sometimes orthodontic treatment can improve TMJ problems but it can occasionally make it worse. Tension/stress appears to play a large role in joint discomfort.
- Impacted/ankylosed/unerupted teeth:** These teeth may cause problems during or after treatment including loss of the tooth, gum problems, shortening of the roots and fusion to the bone (ankylosis). Also, moving these teeth during orthodontics may extend the length of treatment.
- Occlusal Adjustment/reshaping:** There will be some imperfections in the way the teeth meet following treatment. Adjustment or grinding can improve the way they meet and the way they are shaped.
- General Health Problems:** Some health problems or medications may alter orthodontic treatment. It is imperative that you inform us of any changes in your health.
- Jaw Growth:** Occasionally, growth of the jaws becomes disproportionate changing how they meet together. In some cases, additional orthodontic treatment or even jaw surgery may be needed to correct this.
- Acknowledgement:** I hereby acknowledge that the major treatment considerations and potential risks of orthodontic treatment have been presented to me. I have read and understand this form, have had the opportunity to ask questions and understand that other problems may occur that have not been mentioned. I also give my permission for the use of orthodontic records obtained during the course of treatment for the purpose of professional consultation or research. I hereby give consent to Dr. Glynda McConville and her staff to proceed with orthodontic treatment.

Signature of Responsible Party: _____

NOTICE OF PRIVACY PRACTICES (HIPAA)

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.

Your rights regarding your health information:

- You may ask us to communicate with you in a confidential manner, ask to see or obtain photocopies of your health information and/or ask us to amend your health information if you feel that it is inaccurate or incomplete.

I give permission for my/my child's photo to be displayed in this office.

ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge that I have received, read and reviewed a copy of this notice of Privacy Practices, the consent to treatment and office procedures.

Signature of Responsible Party _____ Date _____

OFFICE PROCEDURES AND APPOINTMENT POLICIES

Appointment times: Since many of our patients are of school age, it is impossible to see all patients after school. We will make every attempt to accommodate your schedule, however, you may be required to alternate afternoon and morning appointments. Morning appointments may be required for placement or removal of braces or other lengthy procedures. Each patient's treatment is on an individual basis. Appointments may vary from 2-10 weeks apart.

Broken Appointments: An appointment that the patient does not show for, is more than 20 minutes late for or calls less than 24 hours prior to the appointment time to cancel will be considered "broken" and will be charged \$25.00 after the first occurrence. If an after school appointment is broken, you will not be offered any subsequent afternoon appointments. After three broken appointments, we reserve the right to discontinue treatment.

Breakage: If a bracket or band breaks or becomes loose, please notify our office. Continual breakage may cause a delay in treatment time. There is a charge of \$25.00 for each broken bracket or band after five occurrences.

Cooperation: To obtain the best possible result, it is important to keep regular appointments. Unsupervised orthodontics may cause harm to the teeth. The patient must avoid hard or sticky foods that will cause breakage. The gums and teeth must be kept clean to avoid cavities and permanent damage. Instructions for elastics and other appliances must be followed. If not followed, all of these items can cause a delay in treatment. If cooperation does not improve, we may choose to discontinue treatment.

Your Dentist: A cleaning and exam along with any necessary fillings must be completed before braces are placed. During treatment, it is your responsibility to keep regular 6-month check-ups with your dentist.

Returned Checks: All checks returned to us by your bank for Insufficient Funds will result in a charge of \$25.00 and is due immediately including the amount of your check. If more than two checks are returned to us, payments will then need to be made by cash, money order or by certified check.

Insurance: As a courtesy, we will file your insurance. Today, we have verified your insurance eligibility. This does not guarantee payment of your benefit but only tells us that you are eligible today. If anything changes in the future, your benefits may be reduced or denied. Please notify us of any changes to your insurance. We will estimate your benefits but if payments are ever denied or the company fails to pay its portion, you are responsible for the entire fee.

I authorize use of my signature on and release of information for insurance submissions.
I have read and understand the office procedures and appointment policies.

Patient/Parent Signature: _____