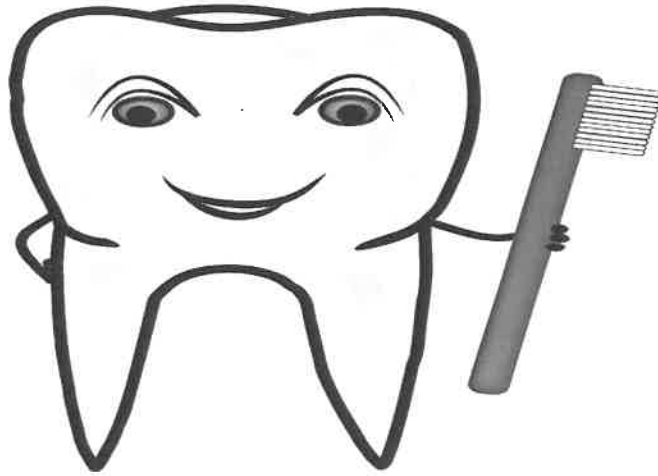


South Allegheny School District

Dental Care at School



Dear Parent/Guardian:

The South Allegheny School District has chosen to utilize the “Miracle Dental Associates,” who can provide dental examinations, cleanings, fluoride treatments, x-rays and sealants (if needed) for all students who return a **completed permission form**. This is being offered to any South Allegheny student in grades K-5. The dental exams will be held on **Monday, January 11, 2021 and Wednesday, January 13, 2021, beginning at 9:00 a.m.**

The “Miracle Dental Associates” will also be providing restorative dental treatment including fillings, crowns, extractions of infected teeth as well as other dental work, as needed, either on that day or another scheduled day depending on the operational phase of the district. More information will be provided closer to that date.

If you are interested in taking advantage of the “Miracle Dental Associates,” please email a completed permission form to the school nurse by Tuesday, December 22, 2020. Thank you for your prompt attention to this matter.

Sincerely,

Diane Davis, RN
412-675-3070 x 2307
ddavis@southallegheny.org

Miracle Dental Associates

Dental Care is Coming to Your School!

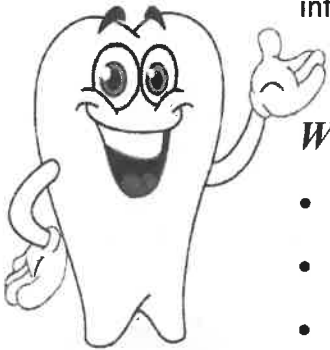
Hello Parents,

Miracle Dental Associates has partnered with your school for an exciting opportunity. We are bringing dental care directly to your children in their school. This is perfect for parents who are busy, working, and those who have difficulty traveling to the dentist. There will be **no charge** to you if your child is covered by Medicaid, CHIP, or a private insurance plan.

Miracle Dental Associates has three established offices located in Greensburg, Wexford and Pleasant Hills. They have licensed Pediatric and General Dentists on staff. Exams, cleanings, x-rays, sealants and fluoride will be provided in the school. If your child needs fillings or dental work, this may be completed in school or they will be referred to one of our offices for care by our Pediatric Dentists.

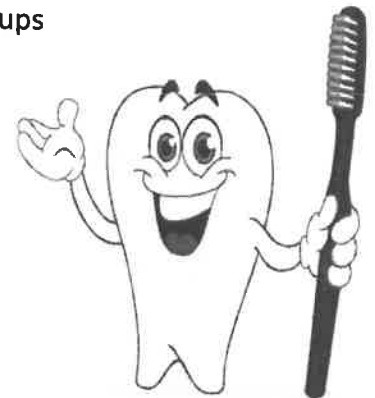
Simple and Quick

Fill out the attached consent form with all the important/requested information and return it to your school.



Why Choose Miracle Dental Associates in Schools?

- Parents no longer need to miss work for routine check ups
- Licensed dental professionals provide care
- Children tend to be less nervous in familiar settings
- Outstanding patient testimonies
- Children miss less school hours
- Dental and health problems can be detected earlier



171 Wexford Bayne Rd, Suite 200,
Wexford, PA 15090

560 Rugh Street, Suite 100
Greensburg, PA 15601

810 Clairton Blvd, Suite 300
Pittsburgh, PA 15236

  @miracledentalassociates



Miracle Dental Associates

PATIENT INFORMATION

Child's Name _____ Child's Birthday ____/____/____

Child's Social Security Number ____ - ____ - ____ Male Female Pediatrician Group _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Phone _____

MEDICAID/CHIP INFORMATION UPMC For You UPMC For Kids Gateway Aetna Betterhealth Amerihealth United Healthcare

Dental Insurance Company _____ * Member ID Number _____ (*Required)

OTHER DENTAL INSURANCE

Insured _____ Relationship to Patient _____ Parent D.O.B. ____/____/____

Parent Social Security # _____ Insurance Company _____

Member ID Number _____ Group Number _____

Insurance Address _____ Employer _____

I WISH TO PAY THE REDUCED FEE FOR TODAYS VISIT (MY CHILD HAS NO DENTAL INSURANCE)

- UNDER 12 \$68.00
- OVER 12 \$74.00
- X-RAYS \$16.00

CHILD'S MEDICAL HISTORY *** CHECK HERE IF ANTIBIOTIC PREMED REQUIRED***

- | | | |
|-----------------------------------|-----------------------------|-----------------------------------|
| Yes No HEART MURMUR | Yes No BLEEDING PROBLEMS | Yes No CANCER |
| Yes No ADHD/ADD | Yes No DIABETES | Yes No STROKE |
| Yes No PSYCHIATRIC: _____ | Yes No KIDNEY DISEASE | Yes No LIVER DISEASE |
| Yes No HEART ISSUES: _____ | Yes No ALLERGY TO IBUPROFEN | Yes No TONSILS & ADENOIDS REMOVED |
| Yes No AUTISM SPECTRUM DISORDER | Yes No PREGNANCY | Yes No G6PD |
| Yes No ALLERGY TO FOOD DYES | Yes No ALLERGY TO SULFA | Yes No ALLERGY TO PENICILLIN |
| Yes No ASTHMA | Yes No ALLERGY TO LATEX | Yes No ALLERGY TO ASPIRIN |
| DATE OF LAST ASTHMA ATTACK: _____ | Yes No SEIZURES | |
| | DATE OF LAST SEIZURE: _____ | |

OTHER _____

ALLERGIES:
 NONE _____

MEDICATIONS/SUPPLEMENTS CURRENTLY TAKING:
 NONE _____

CONSENT: I UNDERSTAND AND AUTHORIZE MIRACLE DENTAL ASSOCIATES TO PROVIDE DENTAL SERVICES INCLUDING BUT NOT LIMITED TO EXAM VIA TELEDENTISTRY, PROPHYLAXIS, ORAL EXAM, FLUORIDE, RADIOGRAPHS, SEALANTS, SILVER DIAMINE FLUORIDE, AND IF NECESSARY AND APPROPRIATE, LOCAL ANESTHESIA, FILLINGS, EXTRACTIONS, STAINLESS STEEL CROWNS, PULPOTOMIES /PULPECTOMIES AND BEHAVIOR MANAGEMENT TO THE ABOVE-NAMED CHILD FOR WHOM I AM THE CUSTODIAL PARENT OR LEGAL GUARDIAN. I UNDERSTAND THIS CONSENT IS VALID FOR THE FIRST VISIT AND THE 6 MONTH RECALL, I AUTHORIZE AND DIRECT THE PROVIDER TO BILL AND COLLECT PAYMENT FROM ANY MEDICAID, INSURANCE, OR OTHER PAYER. TREATMENT BY THE DENTIST MAY AFFECT FUTURE BENEFITS THAT YOUR CHILD MAY RECEIVE UNDER CHIP, MEDICAID OR OTHER INSURANCE. UPON SIGNING I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF MIRACLE DENTAL ASSOCIATES PRIVACY POLICY.

PARENT/GUARDIAN SIGNATURE _____

DATE ____/____/____

OFFICE REVIEW: _____

KEEP THIS HIPAA FOR YOUR RECORDS

Miracle Dental Associates, LLC

Notice of Privacy Practices

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.

This Notice is required by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required by law to maintain the privacy of protected health information. Protected health information (PHI) is health information that identifies a patient and relates to a patient's mental or physical condition, medical treatment, or payment for medical treatment. We are required by law to provide individuals with notice of our legal duties and privacy practices with respect to PHI and to notify affected individuals following a breach of unsecured PHI. This Notice describes how Miracle Dental Associates protects the confidentiality of your health care information in our possession and outlines the ways in which we may use and disclose PHI about you. We must follow the privacy practices described in this Notice as long as it is in effect and also comply with any more stringent requirements under federal or state law. This Notice takes effect September 1, 2016 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, and to make new Notice provisions effective for all PHI that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice 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.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. Below are examples for each of these categories. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as necessary.

PERMITTED USES AND DISCLOSURES

Under HIPAA, Miracle Dental Associates is permitted to use and disclose your personal health information for certain purposes without your prior authorization. These permitted uses and disclosures include:

- (1) Disclosures to you; and
- (2) Disclosures for treatment, payment, or health care operations.

Treatment – We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

Payment – We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities including billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

HEALTH CARE OPTIONS

We may use and disclose your health information in connection with our health care operations. For example, health care operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Miracle Dental Associates uses administrative, technical, and physical safeguards to maintain the privacy of your personal health information, and we are required by law to limit the use and disclosure of your personal health information to the minimum amount necessary.

USES AND DISCLOSURES OF PERSONAL HEALTH INFORMATION TO OTHER ENTITIES

Miracle Dental Associates may disclose your personal health information to other entities, business associates, or individuals (as permitted by HIPAA) who assist us in delivering health care services to our patients. These parties are required by law to sign a contract with Miracle Dental Associates agreeing to protect the confidentiality of your personal health information.

- (1) **Business Associates** – In connection with our treatment, payment and health care operations activities, we contract with individuals and entities (called "business associates") to perform various functions on our behalf or to provide certain types of services. To perform these services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information. A billing company is an example of a business associate.
- (2) **Health Care Providers** – We may disclose your health information to other health care providers, including patients' pediatricians, specialists, and Children's Hospital of Pittsburgh.

OTHER PERMITTED DISCLOSURES OF PERSONAL HEALTH INFORMATION

Under HIPAA, Miracle Dental Associates is permitted to use and disclose your personal health information without your prior authorization under the following conditions:

- When required by law;
- For public health activities;
- Disclosures about victims of abuse, neglect or domestic violence;
- Judicial and administrative proceedings (e.g. in response to court order or subpoena);
- Health oversight activities;
- Law enforcement, organ donation, or research purposes;
- Uses and disclosures about decedents;
- To avert a serious threat to health or safety;
- For specialized government functions (e.g. military and veterans' activities);
- Regarding workers' compensation;
- For underwriting purposes; however, we are prohibited from using or disclosing your genetic information for these purposes.

DISCLOSURES REQUIRED BY HIPAA

- (1) Disclosures to the Secretary of the U.S. Department of Health and Human Services – We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.
- (2) Disclosures to You – We are required to disclose to you most of your protected health information that is in a "designated record set" (defined by HIPAA Privacy Rule) when you request access to this information. Generally, a designated record set contains medical and billing records, as well as other records that are used to make decisions about your health care. We are also required to provide, upon your request, an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment and health care operations.

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO AGREE OR OBJECT

Unless you object, Miracle Dental Associates may disclose your health information to a family member, close friend, or other person you have identified as being involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat the patient representative the same way we would treat you with respect to your health information. We also may disclose your information to assist in disaster relief efforts. If you are not present or able to agree to these disclosures of your health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

Uses Requiring Your Written Authorization

We are required to obtain your written authorization for use or disclosure of your health information in the following instances:

- (1) Use or disclosure of your PHI for marketing purposes;
- (2) If we intend to sell your PHI; and
- (3) Most uses and disclosures of psychotherapy notes.

OTHER USES OF PERSONAL HEALTH INFORMATION – AUTHORIZATION

Other uses and disclosures of personal health information not described above will be made only with your written authorization. If you provide us with such written authorization, you may revoke that authorization in writing at any time, and this revocation will be effective for future uses and disclosures of personal health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on the authorization.

YOUR INDIVIDUAL RIGHTS

The following is a description of your rights with respect to your Protected Health Information.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI. You may access your PHI by submitting your request in writing to the privacy contact listed at the end of this Notice. You must include (1) your name, address, telephone number and date of birth and (2) a description of the PHI you are requesting. Miracle Dental Associates may charge a reasonable fee for providing you copies of your PHI. We only maintain the PHI that we create and obtain in providing your health care services.

Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations. We will consider your request but are not legally required to accept it. If Miracle Dental Associates accepts your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and/or disclosures that we are legally required or allowed to make.

Right to Amend. You have the right to correct or update your PHI. This means that you may request an amendment of your PHI for as long as Miracle Dental Associates maintains this information. In certain cases, Miracle Dental Associates may deny your request for amendment. If so, you have the right to file a statement of disagreement with Miracle Dental Associates. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another entity, we may refer you to that entity to amend your PHI. (I.e., if applicable, to the patient's pediatrician). Please contact Miracle Dental Associates as noted below if you have questions about amending your PHI.

Right to Request Confidential Communications. You have the right to request or receive confidential communications from Miracle Dental Associates by alternative means or at a different address. We will agree to accommodate a reasonable request if disclosure of your PHI through standard means of communication could endanger you. You may be required to provide us with a written statement of possible danger, a different address, or another method of contact or information as to how payment will be handled.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures Miracle Dental Associates has made of your PHI. This right does not apply to disclosures for purposes of treatment, payment, or health care operations. Your request may be for disclosures made up to six (6) years before the date of your request, but in no event for disclosures made before April 14, 2003. Please contact Miracle Dental Associates if you would like to receive an accounting of disclosures or if you have questions about this right.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this Notice, please contact Miracle Dental Associates per the information at the end of this Notice.

COMPLAINTS

If you believe that any of your privacy rights have been violated, you may file a written complaint with Miracle Dental Associates using the contact information at the end of this Notice. You may contact Miracle Dental Associates to obtain the complaint form. You may complain to Miracle Dental Associates by submitting the complaint form to us in writing, at the address provided at the end of this Notice. If you believe any of your privacy rights have been violated, you may also submit a written complaint to the Secretary of 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. You may also file a written complaint to Miracle Dental Associates using the procedure listed in this section in response to a denial by us regarding any of your individual rights listed in this Notice. For example, if you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI. We support your right to protect the privacy of your protected health information. You will not be retaliated against in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CONTACT INFORMATION

For questions about this Notice of Privacy Practices, or if you wish to file a complaint, please call us at 412-538-0010 or contact:

Miracle Dental Associates, LLC
Attention: Privacy Official
171 Wexford Bayne Road, Suite 200
Wexford, PA 15090