



Your Special Smiles PLLC Assisted Oral Hygiene Consent Packet

- Form 1: Our Minimum Necessary HIPPA Form
- Form 2: Our HIPAA Notice of Privacy Practices
- Form 3: Our Teledentistry Consent
- Form 4: Our Media Release
- Form 5: Our Assisted Oral Hygiene Services Agreement

You have the right to have each of these forms separately if you wish. These forms can be found on our website at: <https://www.yourspecialsmiles.com/portable-dentistry/> follow this link and scroll to the bottom. If you can't follow the link copy and paste it into your browser. All five of these forms should be available on our site. If that is not the case please contact Dr. Brooke at yourspecialsmiles@gmail.com Both Creekside and Desano have a paper copy of all of these forms as well that they can copy for your if you prefer.

Form 1: Minimum Necessary HIPAA:

Our minimum necessary information may be more information than a standard dental practice. In our circumstances, more information may be required to safely and effectively treat our patients. We include in our records behaviors, risk factors, and disability. This information is used by our staff to make appropriate modifications to safely treat the patient. This information is also used as rational when billing third-party payers.

- Information on medical history, risk factors, behavioral complexities, diagnosis and treatment provided are given to insurance companies so they can be aware of our unique situations.
- In our portable clinic: Our equipment takes a while to set up. For that reason, we strive to see all patients in the facility in one set up. Some patients we may see multiple times in a single day to meet their dental needs, but also to not exceed their tolerance limits. Each patient will have individual limitations and we will work within those limitations. Justification of why we saw a patient in a mobile setting may be required for insurance coverage.
- Our records are separated per visit and are written in a narrative style. This allows for smooth transition of care and a comprehensive interdisciplinary approach. Each visit is a story, and when requesting records, we deliver the entire story for the days requested.
- Insurance requires narrative description of the visit for reimbursement of hospital/house calls. This makes our unique documentation system ideal for our set up.
- As per contract with our partnering long-term care facilities we will share details of our visit at their facility for each patient as requested. This enables facility staff to understand the patient's needs, and some facilities need this documentation to in maintain compliance.
- We will be sharing records with insurance when needed.



- We will be sharing records with consulting physicians and specialists.
- Sensitive PHI (sPHI), such as disability status, disclosure is necessary in most cases to show the need for our specialized services
- Records will only be used and viewed by those providers and staff needed for safe and effective treatment, as well as those who need to view them to ensure proper billing and security.
- We use MailHippo for email and Teledent Cloud Based software, both of which are compliant with HIPAA regulations.
- We will make all reasonable efforts to minimize inadvertent disclosure of PHI or sPHI. We are portable and will be set up in various locations in various facilities. We cannot guarantee that PHI or sPHI will not inadvertently be heard by passersby or others in the facility. We will make all reasonable accommodation to provide privacy, however sometimes care may be delivered in common areas when we are unable to obtain other location. This will be done in collaboration with the long-term care facility and we will both do our best to provide a private location. Patients/guardians have the right to ask about our location and refuse service if they feel the location does not meet their privacy standards

Form 2: Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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 Rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. For paper charts over 5 pages we will charge \$0.10 per page. For digital charts we will charge the cost of the device we use to transfer the files.
- You can also request your record be emailed to you. We will send this encrypted, however there are still risks with interception of this email. If you select this method you are assuming the risk of a cyber breach of your information.

Ask us to correct your medical record



- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days and we will add your request to your chart to reflect your disagreement with our records.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated



- You can complain if you feel we have violated your rights by contacting us directly. We prefer this method so we can address the problem rapidly and make sure that the problem is solved for others.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. You have the right to not sign our media release form. (the next form)

Our Uses and Disclosures:

How do we typically use or share your health information?

- Treat you: We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- Run our organization : We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
- Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many



conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Help with public health and safety issues
- We can share health information about you for certain situations such as: Preventing disease, Helping with product recalls, Reporting adverse reactions to medications, Reporting suspected abuse, neglect, or domestic violence, Preventing or reducing a serious threat to anyone's health or safety, Do research We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.



- We will not use or share your information other than as described here unless you tell us we can in writing by consenting to our media release form. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

- This notice is effective starting September 1, 2018 and will be reviewed every two years unless other changes dictate the need for sooner review.
- Our HIPPA privacy officer is Dr. Brooke MO Fukuoka 208-859-8449

We are very active advocates for adults who have special needs and geriatric patients with limited mobility. We appreciate your willingness to share your information to help others obtain access to care. If you choose not to sign our media release form we will understand and treat you just the same. We understand there are very valid reasons some people do not want their information or photos to be viewed publicly. Due to the difficulty of separating those who have consent and those who do not have consent, we will not take any photos of patients who do not have consent that contain any patient identifiers. Please contact Dr. Brooke if you do not want to have your photos used as described in the media release.

We operate in partnership with multiple other entities. These entities are responsible for their own patient HIPPA compliance. If you live in a group home, assisted living facility, skilled nursing facility, or any other facility that coordinates your treatment, a summary of your visit will be sent to that entity unless you or your guardian requests it not to be. After giving them the summary, they assume responsibility to maintain your privacy of that document. We also work closely with St. Luke's and Family Health Services. Your records may be shared with their electronic health record systems if indicated for your care. If you are a patient of another dental practice your records will be sent to them unless you request them not to be. They will be responsible for the maintenance of that record and the compliance.



Form 3: Teledentistry Consent

- **Teledentist:** Dr Brooke MO Fukuoka DMD ID License 4533
- **Location:** Mobile Clinic based in Jerome visits Creekside and Desano Assisted Living Facilities in Jerome, ID
- **ID Treating Dentist:** Dr. Brooke MO Fukuoka **DMD ID License 4533**
- **Location:** Mobile Clinic serving Desano Place and Creekside Care in Jerome, ID.
- **Mobile Hygienists:** Ms.Tari Devaney (DH0793-EA)

Mobile Treatment Offered: Screenings, Cleanings, Preventative, Simple Adjustments/Repair of dentures, Limited Fillings

Treatments Not offered: complex fillings, denture fabrication, partial fabrication, crowns/bridges, implants, extractions

*If patient needs treatment that is outside of offered services that patient may need to seek those services from another provider and that provider will likely need to do their own exam. If insurance benefits were utilized for our exam, the subsequent exam with the new provider may be at the patient's own expense.

We do not consider our services comprehensive dentistry. We advise patients to have a comprehensive provider if possible. The Family Health Services Advanced Delivery Dental Clinic is fully accessible and patients do not need to leave their wheelchairs for treatment. We work with them frequently. They are just a few miles away from each facility and welcome patients from both Creekside and Desano. Their phone number is 208-737-6778. Their address is 114 Pioneer Ct., Jerome, ID 83338. Dr. Brooke also practices there. We have no preference who the residents see and we are happy to work with any dentist they prefer. We mention the FHSADD clinic simply due to the accessibility.

Local Specialist if Referral Needed:

Patient's individual circumstances will be evaluated and suggestions will be made. Patient has the right to choose any provider they desire for referral. Providers do not need to be on this list.

- Oral Surgery: (Twin Falls ID- Dr. Tim Hopkins, Dr. Mark Plant, Dr. Paul Clark) Dr. Baker and Jepson Pocatello, ID
- Root Canals- Dr. Cameron Oler or Dr. Craig Pulsipher Twin Falls, ID
- Periodontal treatment- Dr. Joel Newton Twin Falls, ID
- Prosthodontics (advanced implants, partials, dentures): Dr. Paul Romrielle, Twin Falls, ID
- General Dentistry: Multiple providers based on location, list available upon request. The Family Health Services Advanced Delivery Dental Clinic has a wheelchair lift so patients can be treated in their chair.



What is Teledentistry: Teledentistry is the use of technology to perform dental examinations and to supervise treatments performed by dental team members without the dentist being physically present. Teledentistry is a convenient way to receive some dental exams/treatment in the comfort of your own home. Teledentistry does have limitations and those limitations may vary patient to patient. The dentist will determine if an exam or treatment can be performed utilizing teledentistry.

Information Security Measures: As with all information transmitted there is risk of security breach. To decrease this risk as much as possible, all of our computers are encrypted using Windows 10 Pro encryption. Your data will be stored on a HIPPA compliant, encrypted cloud-based software program. We utilize, Mail HIPPO, and Teledent by Mouthwatch. All employees of Your Special Smiles PLLC are trained annually in HIPPA compliance.

Potential Loss of Data: As with all technology there is a small chance information can be lost. If information is lost before the dentist can properly examine it, we will return and recollect the information at no charge.

Our Teledental Protocols:

1. Demographic information as well as medical history will be obtained from the facility's administrators and/or patient/guardian. Dentist will review all of this prior to treatment. Dentist will establish relationship with the patient.
2. Hygienist will then come to provide cleaning, x-rays, fluoride, oral hygiene plan, and take photos/videos
3. Dentist will review the photos, videos and x-rays at a remote site and then will contact the patient or guardian to present her/his findings and answer any questions. Referral to an outside practice may be made or the dentist may come perform simple treatments. This is not a comprehensive exam.
4. Once oral health is established, it is important to maintain it. Regular professional cleanings and fluoride application are very important in prevention. It is our goal to have our hygienists return every 6 months to provide recare services for all patients. Prior to these procedures being performed the dentist will review the patient's pertinent changes in medical history.
5. Periodic screenings will be performed via teledentistry.
6. For those residents who are participating in our Assisted Oral Hygiene/Guided Oral Hygiene program, videos will be taken and reviewed more frequently. These will be reviewed by one of our trained extended access hygienists and also by the dentist if the hygienist sees something of concern.

What if the patient already has a dentist? If a patient has a dentist, and they are still able to see that dentist regularly, we do not recommend changing. We value long lasting dental relationships and we want patients to stay with their dental home as long as they can. However, when the time comes that the patient can no longer regularly see their dentist, we are here. We are also happy to work with your dentist to establish a care plan where we both play a role. To



make sure the patient receives continuous care. Comprehensive care is the best. We are not comprehensive care

Form 4: Media Release

This program is primarily funded through grants, donations and speaker honorariums that Dr. Brooke makes giving courses across the nation. The primary reason Dr. Brooke is successful in securing funding is because she can demonstrate that she is helping real people. She also is a popular speaker because her content is genuine and she shows cases so learners can better relate and learn. Dr. Brooke is very respectful of her patients with her use of photos. Unless it adds significant value to the case, she separates facial shots with treatment shots to maintain privacy. She denotes on her slides that the patients pictured are not representative of the health information given to maintain privacy. Permission to use media is vital to the success of the program. While this is a key component to our success, you also have the right to refuse having your photo/your loved one's photos used and you will be treated no differently than those who have given consent. Patients who accept the media release are given a discounted rate as their photos may be key in securing external funding. Rates that are presented already contain the discount as the majority of our patients do accept the media release. Below is our media release. In signing this multi consent form you agreed to this media release. If you would like to restrict this- please contact Dr. Brooke at yourspecialsmiles@gmail.com. From there we can discuss what restrictions you would like to place. It is okay to reject this.

I authorize Your Special Smiles PLLC, and Dr. Brooke MO Fukuoka to use the following personal information:

1. My picture – including photographic, motion picture, and electronic (video) images and/or
2. My voice – including sound and video recordings.

I hereby grant to Your Special Smiles PLLC, and Dr. Brooke MO Fukuoka, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant FHS, Your Special Smiles PLLC, and Dr. Brooke MO Fukuoka all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Your Special Smiles PLLC, and Dr. Brooke MO Fukuoka the



right to give, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Your Special Smiles PLLC, and Dr. Brooke MO Fukuoka's use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer-generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

Form 5: Assisted Oral Hygiene Consent

Assisted Oral Hygiene/Guided Oral Hygiene: As people age it becomes harder to brush and floss. It is okay to need help. In our program trained hygiene students, caregivers, and assistants help residents and facility caregivers with regular oral hygiene homecare. It is our goal to have our trained team member help the resident at least once per week. This is in addition to the help they are receiving from the facility caregivers. Our trained team member will act as a leader and advocate for the resident and their oral health. They can help train family members or other caregivers upon request as well. This trained team member is not able to diagnose or give any dental advice, but can serve as a conduit to those who can. Specific homecare plans will be generated by the dentist/hygienist and the trained team member. The trained team member will help carry out and document these plans. We focus on keeping the resident comfortable. The resident has the right to refuse the service at any time. If a participating resident refuses, we will walk away, then return a little later and ask again. It is our goal to minimize refusal while respecting their wishes. We utilize a telehealth remote patient monitoring system called the Truthbrush, which is a fitness tracker that goes on the toothbrush. It charts valuable toothbrushing data for the resident and you can request this from Dr. Brooke if you would like to see it. This is also used by our students to create an incentive program where the residents can earn prizes. At this time we cover the cost of the initial tracker, but the resident may be charged the cost of the tracker if subsequent trackers are needed.

This service is currently supported by grant funding and Dr. Brooke's speaker honorariums. We charge an initiation fee of \$20 which comes with limited initial basic supplies and a toothbrush fitness tracker. We do not continue to furnish supplies. This cost may go up if our external funding decreases. Occasionally we will also provide supplies as funding permits. In general, oral hygiene supplies are the responsibility of the resident. **WE DO NOT SUPPLY TOOTHPASTE.** We highly anticipate, but cannot guarantee, this funding to continue through August 2024. The overhead cost to us run this program is approximately \$70 per resident/month. This monthly cost currently will be covered by the grant and speaker honorariums that Dr. Brooke receives when giving courses. If we lose all or part of the current funding sources, we will need to alter our charges and begin charging a monthly or annual fee in addition to the \$20 initiation fee. It is also possible the \$20 fee will increase. If this occurs we will calculate the



costs and inform you so that you can decide if you want to continue the program. Capacity is limited and priority given to current participants.

Here is a link that explains this program: <https://youtu.be/K5J522Uy6dM>

This form is also available digitally on our telehealth platform Teledent if you prefer to accept digitally. These forms are available on our website as separate forms if you desire to sign them all individually. Signing this form indicates that you read, understand, and accept the following 5 documents:

- Form 1: Our Minimum Necessary HIPPA Form
- Form 2: Our HIPAA Notice of Privacy Practices
- Form 3: Our Teledentistry Consent
- Form 4: Our Media Release
- Form 5: Our Assisted Oral Hygiene Services Agreement

Resident Name: _____ Date : _____

Resident Signature: _____

Healthcare POA Name: _____ Signature: _____

Financial POA Name: _____ Signature: _____



Professional Cleanings/Screenings Policies (Informational purposes only, not part of signed consent): Signing this form does NOT imply that you consent to the professional cleaning and screening services. This section serves simply to inform you that this offer may come up and the policies we have around these services. We require our team or the care facility team to talk with you and get verbal consent prior to professional cleaning and screening services. We have a hygienist who will bring portable equipment out to the facility and provide professional hygiene services for two to three days approximately every 6 months. We strive to deliver services this regularly, but we are limited with our capacity. Our services may consist of x-rays when possible, a cleaning, a video/photo screening and fluoride varnish. This is a separate service from the Assisted Oral Hygiene/Guided Oral Hygiene and is billed separately. Our hygienists will try to serve all who sign up, however there may be time limitations. This is not considered comprehensive care and we do strongly recommend you find a dental clinic that can provide comprehensive care and cleanings at regular intervals. We are happy to work with any dental practice. If you do not have a clinic for comprehensive care, the Family Health Services Advanced Delivery Dental Clinic in Jerome, ID is clinic that is taking new patients and has a wheelchair lift available. Patients who wish to remain in their chare for treatment can do so there. They are open Monday, Tuesday and Wednesday 8:30am-6:30pm and their number is 1-208-737-6778. <https://fhsid.org/locations/jerome/jerome-advanced-delivery-dental-clinic/>. This clinic is not part of our program, but works well with us. If you already have a dentist you work well with DO NOT LEAVE THEM. We will contact them and see if we can also collaborate. We are not an alternative to going to the dentist. We are an option for when that is truly not possible.

Explanation of Billing/Insurance for Professional Screenings and Cleanings : Idaho Smiles MCNA Medicaid Program, and Delta Dental of Idaho are the only two insurance plans that we work with . We apologize for the inconvenience this causes. Due to time consuming contracting and billing systems, we do not have the capacity to participate in a variety of insurance plans. For patients who have any other coverage, we will bill you directly. You will be responsible for paying us for services. We will provide you with the information of services delivered, our clinical notes and the dental CDT codes. You can use this information to attempt to collect payment from your insurance company on your own. Us providing you the information you need for your insurance does not guarantee that they will reimburse you, even if it is considered a covered service. We do not offer assistance or advice in insurance reimbursement. We apologize for the inconvenience. We recommend if you have an insurance that you contact your insurance company directly and ask them for help if help is needed. It is important to note that Medicare is not the same as Medicaid. If you are not covered by MCNA Idaho Smiles MEDICAID or Delta Dental of Idaho, you are considered a Fee for Service patient in our practice. This paragraph is important to understand so you are not surprised with a bill. We realize that you probably have no experience with insurance and insurance is difficult. It is also difficult for us. Insurance has gotten to be so complicated we don't have time or energy to learn game. We know the game for those two policies and we have contacts in those companies that help us (which is the reason we accept those two). To keep our fees low we can't spend our time trying to figure out multiple insurances, their rules, and their complex billing. We can not afford a "biller". We charge a single all inclusive fee which we will have our hygienist discuss with you prior to providing services. This fee covers the cleaning, any needed radiographs and various fluoride treatments. We do this because we want to provide each patient with the best possible services catered to their individual needs.