

PROTECTING YOUR CONFIDENTIAL HEALTH INFORMATION IS IMPORTANT TO US

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Promise!

Dear Patient:

This is not meant to alarm you! Quite the opposite! Is it our desire to communicate to you that we are taking the new Federal (HIPAA – Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

So what has changed?

Why a privacy policy now?

Very good questions!

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in health care. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also with the Internet, phone, faxes, copy machines, and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information, and in keeping with these laws, we want you to understand our procedures and your rights as a valuable patient.

We will use and communicate your health information only for the purposes of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

How Your Health Information May Be Used:

To Provide Treatment

We will use your health information within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing you treatment.

To Obtain Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care from at our office. As a result, health information may be included in training programs for students, interns, associates, and business and clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

In Patient Reminders

Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventative and restorative care modern dentistry can provide. They may include postcards, folding postcards, letters, telephone reminders or electronic reminders such as email (unless you tell us that you do not want to receive these reminders).

Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law, or with the patient's agreement.

Public Health and National Security

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic, or the understanding of new side effects of a drug treatment or medical device.

For Law Enforcement

As permitted or required by State and Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstance, if you are a victim of a crime or in order to report a crime.

Family, Friends and Caregivers

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will always ask your permission first. In the case of an emergency, where you are unable to tell us what you want we will use your very best judgment when sharing your health information only when it will be important to those participating in providing your care.

Authorization to Use or Disclose Health Information

Other than is stated above or where Federal, State or Local Law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

Patient Rights

This new law is careful to describe that you have the following rights related to your health information.

Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present, or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Inspect and Copy Your Health Information

You have the right to read, review, and copy your health information, including your complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

Amend Your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for change.

Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing your health information are determined to be accurate and complete.

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation

procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested. Thank you for limiting your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

Request a Paper Copy of the Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call, and we will mail or email a copy to you.

We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices, we will be sure all of our patients receive a copy of the revised Notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.

Patient Acknowledgment

Patient Name(s): _____

Thank you very much for taking time to review how we are carefully using your health information. If you have any questions we want to hear from you. If not, we would appreciate very much your acknowledging your receipt of our policy by signing and returning this card. We look forward to seeing you again soon!

Patient Signature: _____

Date: _____

FINANCIAL & INSURANCE POLICIES

Patient Name _____ **Date** _____

The fee for this treatment is \$ _____ **(see attached)**

Dental treatment is an excellent investment in an individual's medical and psychological well being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that different people have different needs in fulfilling their financial obligation, we are providing the following payment options.

Payment in Full

We are happy to offer a 5% discount (for treatment over \$1000.00) = \$ _____ is given for direct payment in full at start of treatment by cash or check resulting in a one-time payment of \$ _____, does not include credit card payments. Insurance, if applicable, will reimburse the patient directly.

Assignment of Benefit

We will accept assignment of benefit from your insurance company but you will be responsible for your total estimated portion of cost plus deductible, if not met at time of treatment, 5% discount is not eligible with this plan = \$ _____. You will be responsible for any portion unpaid by your insurance company within 60 days.

Multiple Appointment Procedures

Your total is due in two payments and not eligible for 5% discount

½ of your total is due at the impression appointment \$ _____*

½ of your total is due prior to final delivery appointment \$ _____

**to cover portion of lab cost*

Capital One Health Care Finance (Minimum \$1000.00)

- No initial payment
- Payment plans ranging from 18 to 60 months with monthly payments as low as \$ _____ which includes a minimal finance charge
- Prepayments can be made anytime without penalty
- Fast, confidential service by phone, 1-877-559-5050, or on-line at their secure Web site www.capitalonehealthcarefinance.com – good credit standing required

Unicorn (Minimum \$300.00)

- No Initial Payment
- Interest free payment plans up to 12 months with payments as low as \$ _____
- Interest retroactive at 21.75% if a payment is missed or not paid in full within interest free period
- Applications available in the office – approval within 24 hours - good credit standing required

Care Credit

- No initial payment
- Interest free payment plans up to 12 months with payments as low as \$ _____
- Interest retroactive at 21.75% if a payment is missed or not paid in full within interest free period
- Applications available in the office – approval within 24 hours – good credit standing required

Failure to honor the payment plan, as chosen above, will result in collection actions being taken against the patient or his/her legal guardian or parent.

Signature

Date

INFORMATION FOR OUR PATIENT WITH DENTAL INSURANCE

Dental Insurance is playing a smaller and smaller role in helping people obtain dental treatment. Since we feel strongly that our patients deserve the best care we can provide, and in an effort to maintain a high quality of care, we would like to share some information about dental insurance.

We consider our relationship with you to be of primary importance and will always make our recommendations to you, based on what we believe is the very best treatment for you, regardless of your insurance coverage. As the patient, it is your responsibility to deal with your insurance company and your employer. We will assist in any way possible to maximize your dental insurance benefits, but to reemphasize; we have no relationship or responsibility to your insurance company.

Dental Insurance Facts:

Fact #1 Dental insurance companies do not intend for their plans to cover all expenses. Their plans serve only as an aid toward acquiring better care. You are very fortunate to have extra aid; the majority of patients have none. Insurance is a financial aid to treatment, not a dictator of treatment.

Fact #2 Many plans tell their insured that they will be covered up to “80%.” In spite of what you’re told, we’ve found plans cover 40% or 50% of an average fee. Some plans pay more, some pay less. We cannot guarantee what your insurance company will pay; we simply estimate the amount based on most traditional insurance plans. We can (and usually do) submit a pre-estimate to your insurance company before any major work is started. You, the patient, are responsible for any portion of your bill that the insurance does not cover.

Fact #3 Some insurance companies tell their customers that “fees are above the usual and customary fees” rather than saying that “our benefits are low.” In our office we do not view our patients as usual or customary, but rather as quality people who expect quality dentistry. Remember your insurance benefits are limited by what you and your employer pay for the plan, less the profits of the insurance company.

Fact #4 Each plan utilized in our office has different percentages, maximums, procedures covered, and varying fees that the plan will allow. We will do our very best to make the closest possible calculation of what your insurance plan will cover. However, we cannot estimate precisely and there may be variances for which each patient is individually responsible.

Fact #5 Many dental procedures are covered a specific number of times in a calendar year (for example, dental cleanings may be covered only once every six months). Your individual oral health needs may require more appointments than your insurance plan will cover. All treatment plans are based on your individual needs, not only on what your insurance will cover.

We will fill out and file insurance forms at no charge. We will do all we can to assure you of your maximum benefits.

Please do not hesitate to ask us any questions about our office policies. We want you to be comfortable in dealing with these matters, and we urge you to consult us if you have any questions regarding our services and/or fees.

WE ACCEPT CASH, PERSONAL CHECKS, VISA, MASTERCARD, DISCOVER AND AMEX
ASK US ABOUT INTEREST FREE FINANCING

We do not accept any DMO's, HMO's, PPO's or discount dental plans.
Your insurance must allow you to see any dentist you wish.

Signature

Date

PATIENT - PRACTICE AGREEMENT

In each patient-doctor relationship we seek a good partnership. With a good partnership we reach the goals we seek to give our patients, and provide you with the best dental care advancements possible. In doing so we recognize there are commitments by both parties for this partnership to be successful.

In my commitment to the partnership, I agree to:

1. Follow treatment plan options.
2. Keep all hygiene appointments (maintenance).
3. Understand certain dental materials (restorative-fillings) has normal wear.
4. A deposit is required for primary appointments. We will need a third of the total investment to secure your appointment.
5. Cancellation Policy:
 - a. Confirming appointments within 48 hours.
 - b. Broken appointment fees for confirmed appointments are as follows:
 - i. An appointment of 2 hours or longer is 10% of appointment cost, all other appointments are \$50.
 - ii. If you do not confirm your appointment within 48 hours, your appointment time will be automatically cancelled and you will have to contact us to reschedule your appointment.
 - iii. You may have to provide a deposit in order to secure your next appointment after cancellation.
6. Philosophical Differences – We recognize that our practice may not be for everybody.
7. Guarantee of work – All major and basic procedures for the first two years are replaceable at 100%. As long as maintenance appointments are being kept and you are a committed and compliant patient. Work is guaranteed for 3 years at 50%, year 4 at 25% and year 5 you are responsible 100% for any replacement work.
8. Follow-Up – Call us if we forget to call you! We need for you to be a partner in your dental health.

The Mission of Dunson Dental Design is to provide the finest blend of science and art, while yielding the highest quality of care. Our goal is to “progressively refine” and serve our patients in a warm, friendly, and ethical manner.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

OUR SERVICES: RESTORATIVE,
COSMETIC & SEDATION DENTISTRY

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OUR SERVICES: RESTORATIVE, COSMETIC & SEDATION DENTISTRY

RESTORATIVE DENTISTRY Crown and bridge dentistry refers to the restoration of natural teeth that have been damaged, decayed or lost. Once your teeth have been examined and your dental and medical history has been evaluated, we will be ready to provide diagnosis and treatment options.

DENTAL IMPLANTS Implant dentistry is a proven scientific technique which allows for the replacement of missing or damaged teeth without bridges or dentures. The new teeth are “implanted” to create strong, natural looking teeth.

SEDATION DENTISTRY If you fear dental treatment, have a history of dental trauma or you’re too busy, we can change your life. New and safe IV and oral sedation techniques mean you can have years of dental treatment done quickly, with little or no discomfort. IV Sedation puts you in a tranquil state of mind, and you can have your dental treatment done without any anxiety.

COSMETIC DENTISTRY One of the first things people notice is your smile. If chipped, stained, or crooked teeth are “hiding” the real you, it’s time for a smile makeover. Starting with healthy teeth and gums, we can perfect your smile through porcelain restorations, veneers, whitening, crowns, gum sculpting and other state-of-the-art treatments.

DIRECTIONS TO OUR OFFICE

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MAP & DIRECTIONS

1100 Peachtree St. N.E. Suite #680
Atlanta, GA 30309

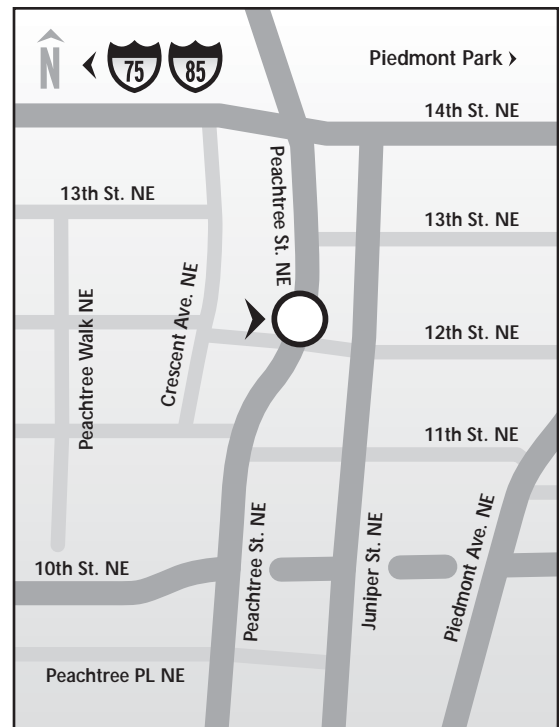
From the North: Take 75/85 South to exit 250 (10th St./14th St./17th St.), proceed to 10th St. and make a left. Proceed to Peachtree St., make a left onto Peachtree St. 1100 will be on your left.

From the South: Take 75/85 North to exit 250 (10th St./14th St./Georgia Tech), proceed to 10th St. and make a right. Go to Peachtree St. and make a left. 1100 will be on your left.

From the East: Take I-20 West to exit 57 (75/85 North). Take 75/85 North to exit 250 (10th St./14th St./Georgia Tech), proceed to 10th St. and make a right. Go to Peachtree St. and make a left. 1100 will be on your left.

From the West: Take I-20 East to exit 57 (75/85 North). Take 75/85 North to exit 250 (10th St./14th St./Georgia Tech), proceed to 10th St. and make a right. Go to Peachtree St. and make a left. 1100 will be on your left.

*We are in the same building as the Oceanaire Seafood Room.
There is a parking garage in the building.*



ABOUT DR. BERNEE DUNSON

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ABOUT DR. BERNEE DUNSON

A native of Albany, Georgia, Dr. Bernee Dunson credits his parents—both dedicated educators—with instilling in him a strong belief in the value of education, so important to building a dynamic, thriving dental practice.



Following his undergraduate studies at the prestigious Morehouse College, Dr. Dunson received his Doctorate in Dental Surgery from the University of Southern California. He then completed a general dentistry residency at Columbia University at Harlem Hospital. While an associate, he did a three year implant residency at Loma Linda University. Dr. Dunson has been in private practice since 1996, he is the President of the Southern District and an Associate Fellow of the American Academy of Implant Dentists. He is also a member of the American Academy of Cosmetic Dentists, the International Congress of Oral Implantology and the Morehouse College Alumni Association.

Dr. Dunson has trained with some of the world's leading cosmetic dentists. He is one of a handful of restorative dentists in Georgia, certified in IV conscious sedation. Additionally, he is continuously seeking out new opportunities to expand his knowledge base in order to bring the most leading edge, effective treatments to his patients. Dr. Dunson has published several well-received articles on dental implantology, and is rapidly becoming known as one of Atlanta's leading dentists. Dr. Dunson lives in Atlanta with his wife Hillary Scarbrough Dunson, and their children Haley and Drew.