Office Policy

Cancellations and Missed Appointments

Please understand that appointment times are limited. If you must cancel your appointment, we respectfully request 48 hours notice. Missed appointments, or short notice cancellations without 48 hours notice, will incur a fee of $75.00.

Payment

A down payment is due at the time of scheduling for treatment. Final payment for your treatment is due when services are rendered. Acceptable forms of payment include cash, Visa, Master Card, American Express, Discover, and assigned insurance benefits. In the event there is a balance due to insurance underpayment and there is not a financial arrangement in place, it is our policy to charge finance fees at 1.5% for any outstanding patient balances after the balance has been outstanding for more than 30 days after you have been notified of a balance due.

Customer pricing notice

There is a 3% surcharge applied on all credit card transactions which is no greater than our cost on accepting credit cards. Save by paying with debit card or cash. There is no surcharge applied on debit card and cash transactions.

Acknowledgement of Receipt of Notice of Privacy Practices

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law

gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Columbine Creek Dentistry HIPAA Summary

Effective: 9/23/2025

We are committed to protecting your privacy. This summary explains how we may use and share your health information, your rights, and how you can exercise them.

How We Use Your Information

We may use or share your protected health information (PHI) for:

• Treatment – Coordinating or managing your dental care.

• Payment – Billing and insurance purposes.

• Operations – Quality improvement, training, scheduling, and other business activities.

• Legal Requirements – When required by law or public health authorities.

• AI Tools – We may use artificial intelligence to support care, improve service, or analyze data.

Your Rights

You have the right to:

• Access and request a copy of your health records.

• Ask us to correct inaccurate or incomplete information.

• Request confidential communication or restrictions on how your information is used.

• Receive a list of certain disclosures.

• Designate someone to act on your behalf.

• File a complaint without fear of retaliation.

Privacy Safeguards

We protect your information with secure systems, staff training, and strict confidentiality policies. No personal mobile or messaging data is shared for marketing purposes.

Cookies & Online Data

When you use our website, we may use cookies to improve your experience. This data is never sold or shared inappropriately.

Questions or Complaints?

Contact us at:

info@columbinecreekdentistry.com or by phone 720-222-2345.

You can also file a complaint with the U.S. Department of Health & Human Services.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services

Office of Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

877-696-6775 (tollfree)

Want the full version? It is posted at the front desk and we're happy to provide it upon request—in print or electronically.

Patient Consent of Information

I give my consent to Columbine Creek Dentistry dentists and staff to discuss scheduling, treatment, surgery, lab or radiology results , or other information as necessary

I understand that the initial visit may require radiographs in order to complete the examination, diagnosis, and treatment plan.

Drugs, medication, and sedation

I understand that antibiotic, analgesics, and other medications can cause allergic reactions such as redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). They may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. I understand that and fully agree not to operate any vehicle or hazardous device for at least 12 hours or until fully recovered from the effects of the anesthetic medication and drugs that may have been given me in the office for my treatment. I understand that failure to take medications prescribed for me in the manner prescribed may offer risks of continued or aggravated infection, pain, and potential resistance to effect treatment of my condition. I understand that antibiotics can reduce the effectiveness of oral contraceptives.

Changes in treatment

I understand that during treatment, it may be necessary to change or add procedures due to conditions found while working on teeth, the most common being root canal therapy following routine restorative procedures. I give my permission to the dentist to make these changes as necessary.

Temporomandibular joint dysfunctions

I understand that symptoms of popping, clicking, locking and pain can intensify or develop in the joint of the lower (near the ear) subsequent to routine dental treatment wherein the mouth is held in the open position. However, symptoms of TMJ associated with dental treatment are usually transitory in nature and well tolerated by most patients. I understand that should the need for treatment arise, that I will be referred to a specialist for treatment, the cost of which is my responsibility.

With any dental treatment, there is a possibility of injury to the nerves of the lips, jaws, teeth, tongue or other oral or facial tissues. The resulting numbness that could potentially occur is usually temporary, but in rare instances it could be permanent. I understand that every reasonable effort will be made to ensure that any condition is treated appropriately. No guarantee or assurance has been given to me by anyone that any proposed treatment or surgery will cure or improve any conditions.

Dental Materials

A dental materials fact sheet is available at https://www.dbc.ca.gov/formspubs/pub_dmfs2004.pdf. A printed copy is also available at the front desk.

Oral Cancer Screening Consent Form

Our practice continually looks for advances to ensure that we are providing the optimum level of oral health care to our patients. We are concerned about oral cancer and look for it in every patient. We have recently incorporated ViziLite® Pro into our oral cancer screening standard of care. We find that using ViziLite® Pro along with a standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages.

Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life.

This enhanced examination is recognized by the American Dental Association; however, **this exam will not be covered by your insurance.**

The one-time fee for this enhanced examination is $50. This screening will then be performed at each of your 6 month recall appointments for no additional charge.