

Dear Parent/Guardian:

In an effort to improve the oral health of young children, Idaho North Central District Public Health (PH-INCD) and your child's school are partnering to offer services that may include an oral assessment, dental sealants, and/or a fluoride varnish treatment to all children who return the permission slip below. These services will be at no cost to you, however if your child is covered by dental insurance the insurance carrier will be billed for the services provided. **If you are currently receiving services from a local dental provider please continue to receive services from them and mark NO below.** These services may count as one of the yearly covered dental visits. Please contact PH-INCD if you would like more information at 208-799-3100.

A registered dental hygienist will determine if sealants are appropriate, along with fluoride varnish treatment. Every child will receive oral health instructions and a new toothbrush. The clinic will be held during normal school hours. A follow up report will be sent home to describe what was completed and what is recommended for your child's oral health. The clinic will follow recommendations from the American Dental Association and the Centers for Disease Control and Prevention.

Child's First Name: _____ Last Name: _____ Child's Gender: Boy ___ or Girl ___

Child's Date of Birth (month/day/year) ____/____/____ Child's Teacher: _____ Grade Level: _____

When was your child last seen by a dentist? Within the last 12 months ___ Over one year ago ___ Never ___

No, I do not want my child to participate in the school-based dental sealant program.

Yes, I do want my child to participate in the school-based sealant program for the 2022-2023 school year (this also includes a retention check 9-15 months from initial placement of sealants, repair or replace any that are damaged or missing, and place sealants on any newly erupted teeth) and I authorize Medicaid or other third-party insurance company to be billed.

(If No-Stop Here) For your child to receive these services, you must provide all the application information requested below.

Is your child enrolled in Idaho Smiles or Medicaid? Yes / No

If yes, include child's Idaho Smiles/Medicaid number _____

Is your child covered by private dental insurance? Yes / No

If yes, provide name of insured (parent who has the policy) _____

Insured's date of birth (month/day/year) ____/____/____

Insured's employer _____

Name of insurance company _____

Policyholder/Subscriber # (ID or SSN#) _____ Group number _____

Address of insurance company _____

Phone number of Insurance company _____

Does your child have any significant health problems? Yes / No

If yes, please describe: _____

Does your child have any allergies, including latex, wood rosin/resins, or pine nuts? Yes / No

If yes, please describe: _____

Does your child take medications prescribed by a doctor? Yes / No

If yes, please describe: _____

Race: White Black Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander Other

Ethnicity: Hispanic Non-Hispanic

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- I acknowledge that I have received a copy of PH-INCD Notice of Privacy Practices.
 - I authorize the release of information on my child's dental visit to PH-INCD, my child's elementary school, Medicaid, or other insurance companies as applicable.
 - I am a custodial parent or legal guardian of the minor child named above. I authorize and consent to this child receiving the dental treatment described above.
 - I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to PH-INCD.
 - I have read and agree to all the above.

Home phone: _____

(Print) Name of Parent/Guardian

Signature of Parent/Guardian

Date:



Public Health

Idaho North Central District

What are Dental sealants?

Dental sealants are thin plastic coatings that are applied to the grooves on the chewing surfaces of the back teeth to protect them from tooth decay. Most tooth decay in children and teens occurs on these surfaces. Sealants protect the chewing surfaces from tooth decay by keeping germs and food particles out of these grooves.

Which teeth are suitable for sealants?

Permanent molars are the most likely to benefit from sealants. The first molars usually come into the mouth when a child is about 6 years old. Second molars appear at about age 12. It is best if the sealant is applied soon after the teeth have erupted, before they have a chance to decay.

How are sealants applied?

Applying sealants does not require drilling or removing tooth structure. The process is short and easy. After the tooth is cleaned, a special gel is placed on the chewing surface for a few seconds. The tooth is then washed off and dried. Then, the sealant is painted on the tooth. The dentist or dental hygienist also may shine a light on the tooth to help harden the sealant. It takes about a minute for the sealant to form a protective shield.

Are sealants visible?

Sealants can only be seen up close. Sealants can be clear, white, or slightly tinted, and usually are not seen when a child talks or smiles.

Will sealants make teeth feel different?

As with anything new that is placed in the mouth, a child may feel the sealant with the tongue. Sealants, however, are very thin and only fill the pits and grooves of molar teeth.

How long will sealants last?

A sealant can last for as long as 5 to 10 years. Sealants should be checked at your regular dental appointment and can be reapplied if they are no longer in place.

Will sealants replace fluoride for cavity protection?

No. Fluorides, such as those used in toothpaste, mouth rinse, and community water supplies also help to prevent decay, but in a different way. Sealants keep germs and food particles out of the grooves by covering them with a safe plastic coating. Sealants and fluorides work together to prevent tooth decay.

How do sealants fit into a preventive dentistry program?

Sealants are one part of a child's total preventive dental care. A complete preventive dental program also includes fluoride, twice-daily brushing, wise food choices, and regular dental care.

Why is sealing a tooth better than waiting for decay and filling the cavity?

Decay damages teeth permanently. Sealants protect them. Sealants can save time, money, and the discomfort sometimes associated with dental fillings. Fillings are not permanent. Each time a tooth is filled, more drilling is done and the tooth becomes a little weaker.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

- If you have any questions about this Notice, please contact Public Health - Idaho North Central District at (208) 799-3100.
- You may request a copy of this notice at any time. Copies of this notice are available at all Public Health - Idaho North Central District offices.

PURPOSE OF THIS NOTICE

This Notice of Privacy Practices describes how Public Health - Idaho North Central District handles confidential information, following state and federal requirements. All programs in the District may share your confidential information with each other as needed to provide you services and for normal business purposes. The District may also share your confidential information with others outside of the District as needed to provide you services.

We are dedicated to protecting your confidential information. We create records of the services you receive from the District. We need these records to give you quality care and services. We also need these records to follow various local, state, and federal laws.

We are required to:

- use and disclose confidential information as required by law;
- maintain the privacy of your information;
- give you this notice of our legal duties and privacy practices for your information; and
- follow the terms of that notice that is currently in effect.

This Notice of Privacy Practices does not affect your eligibility for services.

YOUR RIGHTS ABOUT YOUR CONFIDENTIAL INFORMATION

1. Right to Review and Copy

You have the right to ask to review and copy your information as allowed by law.

If you would like to ask to review and copy your information, a "**Records Request**" form is available at District offices. You must complete this form and return it to a District office for processing. The District will respond to your request within ten (10) working days of receipt of your request. The District may extend the response time if the information you have requested cannot be located or retrieved within the original ten (10) days. You will be sent a notification of an extension and the reason for the extension.

If you ask to receive a copy of the information, we may charge a fee.

You will be told if there is information we are legally prevented from disclosing to you.

2. Right to Amend

You have the right to ask us to make changes to your information if you feel that information we have about you is wrong or not complete.

If you would like to ask the District to change your information, a "**Request to Amend Records**" form is available at District offices. You must complete this form and return it to a District office for processing. The District will respond to your request within ten (10) days.

We may deny your request if you ask us to change information that:

- was not created by the District;
- is not part of the information kept by or for the District;
- is not part of the information which you would be allowed to review and copy; or
- we determine **is correct** and complete.

3. Right to Restrict Health Information Disclosures

You have the right to ask us not to share your health information for your treatment or services or normal business purposes. You must tell us what information you do not want us to share and who we should not share it with.

If you would like to ask the District to not share your information, a "**Request to Restrict Health Information Disclosures**" form is available at District offices. You must complete this form and return it to a District office for processing. The District will respond to your request within ten (10) days.

If we agree to your request, we will comply unless the information is needed to give you emergency treatment, or until you end the restriction.

4. Right to a Report of Health Information Disclosures

You have the right to ask for a report of the disclosures of your health information. This report of disclosures will not include when we have shared your health information for treatment, payment for your treatment or normal business purposes, or the times you authorized us to share your information.

If you would like to ask for a report of your health information disclosures, a "**Request to Receive a Report of Health Information Disclosures**" form is available at District offices. You must complete this form and return it to a District office for processing. The District will respond to your request within ten (10) days.

The first report you ask for and receive within a calendar year will be free of charge. For additional reports within the same calendar year, we may charge you for the costs of providing the report. We will tell you the cost and you may choose to remove or change your request at that time before any costs are charged to you.

HOW THE DISTRICT MAY USE AND SHARE YOUR INFORMATION

Times When Your Permission Is Not Needed

- **For Treatment.** We may use your information to give you treatment or services. We may share your information with a nurse, medical professional, or other personnel who are giving you treatment or services. The programs in the District may also share your information in order to bring together the services that you may need. We also may share your information with people outside of the District who are involved in your care, such as family members, informal or legal representatives, or others that give you services as part of your care.
- **For Payment.** We may use and share your information so that the treatment and services you receive through the District can be paid. For example, we may need to give your medical insurance company information about the treatment or services that you received so that your medical insurance can pay for the treatment or services.
- **For Business Operations.** We may use and share your information for business operational purposes. This is necessary for the daily operation of the District and to make sure that all of our clients receive quality care. For example, we may use your information to review our provision of treatment and services and to evaluate the performance of our staff in providing services for you.

Times When Your Permission Is Needed

- **For Reasons Other Than Treatment, Payment, or Business Operations.** There may be times when the District may need to use and share your information for reasons other than for treatment, payment and business operations as explained above. For example, if the District is asked for information from your employer or school that is not part of treatment, payment or business operations, the District will ask you for a written authorization permitting us to share that information. If you give us permission to use or share your information, you may stop that permission at any time, if it is in writing. If you stop your permission, we will no longer use or share that information. You must understand that we are unable to take back any information already shared with your permission.
- **Individuals That Are Part of Your Care or Payment for Your Care.** We may give your information to a family member, legal representative, or someone you designate who is part of your care. We may also give your information to someone who helps pay for your care. If you are unable to say yes or no to such a release, we may share such information as needed if we determine that it is in your best interest based on our professional opinion. Also, we may share your information in a disaster so that your family or legal representative can be told about your condition, status, and location.

Other Uses and Sharing of Your Information That May Be Made Without Your Permission

- For Appointment Reminders
- For Treatment Alternatives
- As Required by Law
- For Public Health Risks
- To Law Enforcement
- For Lawsuits and Disputes
- To Coroners, Medical Examiners, Funeral Directors
- For Organ and Tissue Donation
- For Emergency Treatment
- To Prevent a Serious Threat to Health or Safety
- To Military and Veterans Organizations
- For Health Oversight Activities
- For National Security and Intelligence Activities
- To Correctional Institutions

SPECIAL REQUIREMENTS

Information that has been received from a federally funded substance abuse treatment program or through the infant toddler program will not be released without specific authorization from the individual or legal representative.

CHANGES TO THIS NOTICE

The District has the right to change this notice. A copy of this notice is posted at our District offices. The effective date of this notice is shown in the top right-hand corner of each page. If the District makes any changes to this Notice of Privacy Practices, the District will follow the terms of the notice that is currently in effect.

COMPLAINTS

If you believe your information privacy rights have been violated, you may file a written complaint with Public Health - Idaho North Central District. All complaints turned in to the District must be in writing on the "[Privacy Complaint](#)" form that is available at District offices. To file a complaint with the District, send your completed Privacy Complaint form to:

Privacy Officer, Public Health - Idaho North Central District, 215 10th Street, Lewiston, ID 83501

If you believe your health information privacy rights have been violated, you may also file a complaint with the Secretary of Health and Human Services. Your complaint must be in writing and you must name the organization that is the subject of your complaint and describe what you believe was violated. Send your written complaint to:

Secretary of Health and Human Services, 200 Independence Avenue, S, Washington, D.C. 20201

A complaint filed with either Public Health - Idaho North Central District or the Secretary of Health and Human Services must be filed within 180 days of when you believe the privacy violation occurred. This time limit for filing complaints may be waived for good cause.

You will not be punished or retaliated against for filing a complaint.