

General, Cosmetic and Implant Dentistry
www.ManhattanBeachDDS.com

Office Hours

Monday	8:00am-4:00pm
Tuesday	8:15am-5:30pm
Wednesday	8:00am-2:00pm
Thursday	8:15am-5:30pm
Friday	7:00am-1:00pm

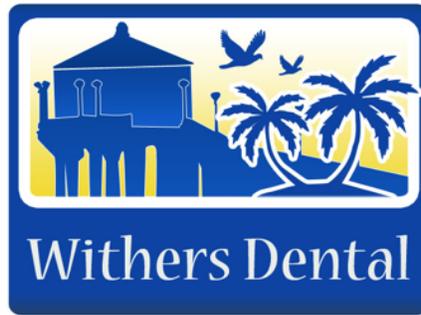
For emergency services please call our office at any time. The doctor's emergency contact information is on the voicemail.

310-546-2002

Services

Withers Dental offers numerous different dental services to keep your teeth healthy and your smile looking great. Please read through this page to find a basic description of our services. If you have any further questions, please do not hesitate to contact us.

- Basic Cleaning
- Advanced Periodontal Therapy
- Composite Bonding/Fillings
- Implants
- Sealants
- Veneers
- Crowns
- Periodontal Treatment/Surgery
- Oral Surgery
- Endodontics
- Removable Prosthodontics (Dentures)
- Tooth Whitening
- Invisalign
- Conscious Sedation



Welcome To Our Practice

Welcome to our practice! We thank you for making us your choice and joining with us in caring for your dental health. By becoming our patient, you have created a partnership which we hope will last through the years.

Your first visit, except in the case of emergency treatment, will consist of a comprehensive exam, necessary x-rays, diagnostic photographs and initial cleaning.

Enclosed you will find

- **Patient Information Form**
- **Doctor Information**
- **Office Hours and Services**
- **Appointment and Financial Policy**
- **Cosmetic Questionnaire**
- **HIPPA Privacy Forms**

We welcome new patients and appreciate any referrals we might earn. Our practice again welcomes you and looks forward to a long and healthy partnership with you, your family and friends.

In order to expedite your visit, please read and sign the enclosed forms and bring them on your first visit.

Thank You,

Withers Dental Team

Practice Philosophy

At Withers Dental, we are constantly challenging ourselves to be on the cutting edge of today's dentistry. With state of the art facilities, years of experience, and the ability to understand patient's wants and needs, Withers Dental has been helping the people of the South Bay achieve their perfect smiles for over 45 years. Our ultimate objective with any patient is to get them to the point where they are simply coming in for cleaning and check-ups. We accomplish this by continuing to keep our patients up to date on how they can better take care of their mouths at home.

Brian Withers, DDS

Dr. Brian Withers is a graduate of the University of the Pacific Dental School in San Francisco. UOP is considered one of the top dental schools in the nation. While meeting the demands of this accelerated, year round program, 'Dr. Brian' was able to engage in several outside activities, including being a co-founder of the Dental Division of Project Homeless Connect. While building this program from scratch, Brian worked closely with San Francisco Mayor Gavin Newsome to bring dental treatment to hundreds of homeless in San Francisco for the first time. Project Homeless Connect Dental Division has now grown into a full externship rotation at UOP, and students continue to gain experience and bring care to those who need it most in the Bay Area community.

His undergraduate education was at the University of Southern California, where he received a Bachelors degree in International Business with a minor in pre-med. At USC Brian lettered in, and was captain of, the rugby team his senior year, and President of his fraternity, Phi Delta Theta.

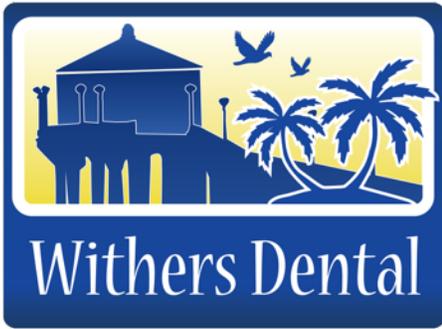
In his spare time, Brian loves to see live music. He enjoys playing both the guitar and the piano, fishing with his father, golfing, watching sports, and of course, going to the beach. He is very much enjoying serving the South Bay and is very excited to be part of his family's longstanding dental practice. Dr. Brian strives to continue the commitment to excellence that his father sustained for over 50 years.

Jenna Yarborough, DDS

Dr. Jenna Yarborough graduated from the Arthur A. Dugoni School of Dentistry in San Francisco. Her humanistic approach to dentistry and emphasis on strong clinical skills begun there and continues to progress as she practices today. What she enjoys most about dentistry is building relationships with her patients while helping them achieve optimum oral healthcare. She is enthusiastic about all areas of dentistry but especially likes seeing children and also trying to make appointments as comfortable for patients as possible.

Dr. Yarborough grew up in Marin County, California with her parents and younger brother Matthew. She continued her education graduating with a Bachelor of Science from Pepperdine University. In 2009 she moved to Arizona and practiced there for three and a half years working with great dentists who pushed her to learn more and grow as a dentist. Although she loved the patients she cared for in Arizona, in 2012 it was time for her and her husband, Tyler to move back to Southern California to be closer to family. She and her husband just welcomed their first child and are thrilled to be enjoying the ocean and all the fun of the South Bay.

When she is not practicing, she keeps herself busy taking care of her son, learning how to play golf, exercising, exploring new areas with friends and testing new recipes on her husband.



973 Manhattan Beach Boulevard
Suite A
Manhattan Beach, CA 90266
310-546-2002

We offer several new materials and techniques to perfect your smile. Let us know how you're feeling about your teeth, rate your smile!

Name: _____

Date: _____

Yes or No

- | | | |
|--|--------------------------|--------------------------|
| 1. Do you like the appearance of your teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are your teeth as straight as you'd like them to be? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you happy with the length, width, and shape of your teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you think you have a gummy smile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any chipped teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any missing teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any spaces between teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any discolorations, stains, or spots on your teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Would you like for your teeth to be whiter? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have any dental work you do not like? | <input type="checkbox"/> | <input type="checkbox"/> |

Any details you'd like to share? _____

- | | | |
|--|--------------------------|--------------------------|
| 11. Do you have any silver (amalgam) fillings you would like changed to white? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you know anyone who has had cosmetic dentistry that you're curious about? | <input type="checkbox"/> | <input type="checkbox"/> |

What was the procedure or the result that you liked? _____

Withers Dental Appointment Cancellation Policy

We require 24 hours notice to reschedule or cancel an appointment. A message left with 24 hours notice is considered adequate.

Any failed appointment (no notice given) will result in a charge regardless of excuse.

For an appointment in hygiene:

The total cost of the appointment will be billed.

For an appointment with the doctor:

30% of the total appointment cost will be billed, with a minimum charge of \$75.

Financial Policy

As a condition of treatment by this office, I understand financial arrangements must be made in advance. Our practice depends upon reimbursement from the patients for the costs incurred in their care and financial responsibility on the part of each patient must be determined before treatment.

I understand that dental services furnished to me are charged directly to me and that I am personally responsible for payment of all dental services. If I carry insurance, I understand that this office will help prepare my insurance forms to assist in making collections from insurance companies and will credit such collections to my account and co-pays are due at the time of service. However, our office cannot render services on the assumption that charges will be paid by an insurance company.

A service charge of 1 ½% per month (18% per annum) will be charged on the unpaid principal balance on all accounts not paid within 60 days of treatment date.

Signed _____

Date _____

WITHERS DENTAL TEAM

Withers Dental
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.

I. Dental Practice Covered by this Notice

This Notice describes the privacy practices of Withers Dental (“Dental Practice”). “We” and “our” means the Dental Practice. “You” and “your” means our patient.

II. How to Contact Us/Our Privacy Official

If you have any questions or would like further information about this Notice, you can contact Withers Dental’s Privacy Official at:

Aileen Walker

973 Manhattan Beach Blvd. Suite A

Manhattan Beach, CA 90266

Phone: 310-546-2002

Fax: 310-356-3889

reception@withersdental.com

III. Our Promise to You and Our Legal Obligations

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to:

- Maintain the privacy of your protected health information;
- Give you this Notice of our legal duties and privacy practices with respect to that information; and
- Abide by the terms of our Notice that is currently in effect.

IV. Last Revision Date

This Notice was last revised on January 15th, 2016.

V. How We May Use or Disclose Your Health Information

The following examples describe different ways we may use or disclose your health information. These examples are not meant to be exhaustive. We are permitted by law to use and disclose your health information for the following purposes:

A. Common Uses and Disclosures

1. Treatment. We may use your health information to provide you with dental treatment or services, such as cleaning or examining your teeth or performing dental procedures. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.

2. Payment. We may use and disclose your health information to obtain payment from health plans and insurers for the care that we provide to you.

3. Health Care Operations. We may use and disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.

4. Appointment Reminders. We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, phone call, voice message, text or email.

5. Treatment Alternatives and Health-Related Benefits and Services. We may use and disclose your health information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.

6. Disclosure to Family Members and Friends. We may disclose your health information to a family member or friend who is involved with your care or payment for your care if you do not object or, if you are not present, we believe it is in your best interest to do so.

7. Disclosure to Business Associates. We may disclose your protected health information to our third-party service providers (called, "business associates") that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use a business associate to assist us in maintaining our practice management software. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

B. Less Common Uses and Disclosures

1. Disclosures Required by Law. We may use or disclose patient health information to the extent we are required by law to do so. For example, we are required to disclose patient health information to the U.S. Department of Health and Human Services so that it can investigate complaints or determine our compliance with HIPAA.

2. Public Health Activities. We may disclose patient health information for public health activities and purposes, which include: preventing or controlling disease, injury or disability; reporting births or deaths; reporting child abuse or neglect; reporting adverse reactions to medications or foods; reporting product defects; enabling product recalls; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

3. Victims of Abuse, Neglect or Domestic Violence. We may disclose health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect or domestic violence.

4. Health Oversight Activities. We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

5. Lawsuits and Legal Actions. We may disclose patient health information in response to (i) a court or administrative order or (ii) a subpoena, discovery request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.

6. Law Enforcement Purposes. We may disclose your health information to a law enforcement official for a law enforcement purposes, such as to identify or locate a suspect, material witness or missing person or to alert law enforcement of a crime.

7. Coroners, Medical Examiners and Funeral Directors. We may disclose your health information to a coroner, medical examiner or funeral director to allow them to carry out their duties.

8. Organ, Eye and Tissue Donation. We may use or disclose your health information to organ procurement organizations or others that obtain, bank or transplant cadaveric organs, eyes or tissue for donation and transplant.

9. Research Purposes. We may use or disclose your information for research purposes pursuant to patient authorization waiver approval by an Institutional Review Board or Privacy Board.

10. Serious Threat to Health or Safety. We may use or disclose your health information if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.

11. Specialized Government Functions. We may disclose your health information to the military (domestic or foreign) about its members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about its inmates.

12. Workers' Compensation. We may disclose your health information to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.

VI. Your Written Authorization for Any Other Use or Disclosure of Your Health Information

Uses and disclosures of your protected health information that involve the release of psychotherapy notes (if any), marketing, sale of your protected health information, or other uses or disclosures not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that this office has taken an action in reliance on the use of disclosure indicated in the authorization. If a use or disclosure of protected health information described above in this notice is prohibited or materially limited by other laws that apply to use, we intend to meet the requirements of the more stringent law.

VII. Your Rights with Respect to Your Health Information

You have the following rights with respect to certain health information that we have about you (information in a Designated Record Set as defined by HIPAA). To exercise any of these rights, you must submit a written request to our Privacy Official listed on the first page of this Notice.

A. Right to Access and Review

You may request to access and review a copy of your health information. We may deny your request under certain circumstances. You will receive written notice of a denial and can appeal it. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or other format that is mutually agreeable. If your health information is included in an Electronic Health Record, you have the right to obtain a copy of it in an electronic format and to direct us to send it to the person or entity you designate in an electronic format. We may charge a reasonable fee to cover our cost to provide you with copies of your health information.

B. Right to Amend

If you believe that your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive written notice of a denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.

C. Right to Restrict Use and Disclosure

You may request that we restrict uses of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care or the payment for your care. We may not (and are not required to) agree to your requested restrictions, with one exception: If you pay out of your pocket in full for a service you receive from us and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request.

D. Right to Confidential Communications, Alternative Means and Locations

You may request to receive communications of health information by alternative means or at an alternative location. We will accommodate a request if it is reasonable and you indicate that communication by regular means could endanger you. When you submit a written request to the Privacy Official listed on the first page of this Notice, you need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.

E. Right to an Accounting of Disclosures

You have a right to receive an accounting of disclosures of your health information for the six (6) years prior to the date that the accounting is requested except for disclosures to carry out treatment, payment, health care operations (and certain other exceptions as provided by HIPAA). The first accounting we provide in any 12-month period will be without charge to you. We may charge a reasonable fee to cover the cost for each subsequent request for an accounting within the same 12-month period. We will notify you in advance of this fee and you may choose to modify or withdraw your request at that time.

F. Right to a Paper Copy of this Notice

You have the right to a paper copy of this Notice. You may ask us to give you a paper copy of the Notice at any time (even if you have agreed to receive the Notice electronically). To obtain a paper copy, ask the Privacy Official.

G. Right to Receive Notification of a Security Breach

We are required by law to notify you if the privacy or security of your health information has been breached. The notification will occur by first class mail within sixty (60) days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of your health information.

The breach notification will contain the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

VIII. Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. For example, a health plan is not permitted to use or disclose genetic information for underwriting purposes. Some parts of this HIPAA Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you may contact our office for more information about these protections.

IX. Our Right to Change Our Privacy Practices and This Notice

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will post the revised Notice on our website (if applicable) and in our office and will provide a copy of it to you on request. The effective date of this Notice is 02/25/2015.

X. How to Make Privacy Complaints

If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Official listed on the first page of this Notice.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you in any way if you choose to file a complaint.

Withers Dental

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

SECTION A: PATIENT GIVING CONSENT

Name: _____

Address: _____

Telephone: _____

Email: _____

Patient #: _____

Social Security #: _____

SECTION B: TO THE PATIENT — PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Contact Person: Aileen Walker

Telephone: 310-546-4475

Fax: 310-356-3889

E-mail: aileen@withersdental.com

Address: 973 Manhattan Beach Blvd. Suite A Manhattan Beach, CA 90266

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this

Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

SIGNATURE

I, _____, have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Signature: _____ Date: _____

If this Consent is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's

Name: _____

Relationship to Patient: _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT. Include completed Consent in the patient's chart.

Fill out the portion below **ONLY IF YOU ARE REVOKING YOUR PERMISSION FOR PRIVACY NOTICE:**

REVOCAION OF CONSENT

I revoke my Consent for your use and disclosure of my protected health information for treatment, payment activities, and healthcare operations.

I understand that revocation of my Consent will not affect any action you took in reliance on my Consent before you received this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat me after I have revoked my Consent.

Signature: _____ Date: _____

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).