

## Adopt-A-Shark Program Overview and Application Process



Collins Orthodontics is excited to offer the Adopt-A-Shark Program to provide free orthodontic treatment to children cancer survivors.

**QUALIFICATIONS:** Applicant must meet **ALL** qualifications to apply to the program.

- Be less than 18 years old at time of application.
- Have excellent oral hygiene
- Be current on dental visits and any restorations (i.e. cavities, crowns, etc.)
- Have a moderate to severe need for braces
- Not be wearing braces currently
- Have undergone and completed cancer treatment
- Have clearance to begin orthodontic treatment from their dentist and pediatric oncologist or primary care physician

### **APPLICATION PROCESS:**

1. Once Collins Orthodontics has received a complete application, it will be reviewed by the Collins Orthodontics Review Panel and the family will be notified whether the applicant (i) is qualified for the program, (ii) is declined for the program, (iii) or will need further evaluation (due to poor oral hygiene, dental development, or other potential issues).
2. If the applicant qualifies for the program and there are no current openings, Collins Orthodontics will notify the applicant that they have been put on a wait list. **NOTE:** The waiting period for this step of the process varies and *can be longer than twelve (12) months* based on demand. Likewise, Collins Orthodontics has limited availability and **cannot guarantee placement.**

**APPLICATION CHECKLIST:** Use this checklist to indicate that you have included each required document; that each has been fully completed; and that all items are signed where required.

- General Application** (page 2)
- Essay from Applicant** (page 3)
- Health Certifications** signed by Applicant's dentist and pediatric oncologist/primary care physician (pages 4-5)
- Notice of Privacy Practices** (page 6)
- Program Rules and Guidelines** (pages 7-8)
- Consent and Hold Harmless Agreement** (page 9)

Mail COMPLETE application to:

Collins Orthodontics  
Attn: Adopt-A-Shark Program Coordinator  
1340 Salem Road SW  
Rochester, MN 55902

\*Please ensure you use adequate postage and keep a copy of your application for your records\*







**Adopt-A-Shark Program  
General Health Certification**



The Adopt-A-Shark Program was created by Collins Orthodontics to provide free orthodontic care to children cancer patients. Giving back to the community is a priority at our clinic, and a need was found with children cancer survivors. Often their journey is quite costly for their family and orthodontic treatment is financially out of reach. The Adopt-A-Shark Program makes orthodontic treatment possible and provides beautiful smiles and confidence to children who have found the strength to persevere despite overwhelming obstacles.

To ensure the Adopt-A-Shark Program Applicant is a candidate for orthodontic treatment, we ask that the following be completed by their pediatric oncologist or primary care physician.

**GENERAL HEALTH CERTIFICATION**

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of last exam: \_\_\_\_\_ Date of Cancer Treatment Completion: \_\_\_\_\_

Is the applicant in remission? Yes No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that \_\_\_\_\_ is in adequate health to undergo orthodontic treatment.

\_\_\_\_\_  
Physician Signature Date

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT THE APPLICANT MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.



### Uses and Disclosures

**Treatment:** Your protected health information may be used by staff members, volunteers, agents, and national and advisory board members of the Collins Orthodontics Adopt-A-Shark Program and disclosed to other health care professionals, including, but not limited to for the purpose of evaluating your application and providing your treatment.

**Program Operations:** Patient information, including first name, case history, and photographic images may be used as necessary to support assessment, public relations, fund development and other activities of Collins Orthodontics.

**Law enforcement:** Your protected health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with governmental mandated reporting.

**Public health reporting:** Your protected health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other uses and disclosures require your authorization:** Disclosure of your protected health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you noticed us of your decision to revoke your authorization.

**Individual Rights:** You have certain rights under the federal privacy standards. These include the right to get an electronic or paper copy of your record. The right to request confidential communications. The right to request restrictions on the use and disclosure of your protected health information. The right to inspect and copy your protected health information. The right to amend or submit corrections to your protected health information. The right to receive an accounting of how and to whom your protected health information has been disclosed. The right to receive a printed copy of this notice. The right to file a complaint.

**Collins Orthodontics Adopt-A-Shark Program Duties:** We are required by law to maintain the privacy of your protected health information and to provide you with notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice and to notify you when a breach of your unsecured protected health information has occurred.

**Right to Revise Privacy Practices:** As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policy and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice. The revised policies and practices will be applied to all protected health information we maintain.

**Request to Inspect Protected Health Information:** You may generally inspect or copy the protected health information we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Collins Orthodontics at the address below.

**Complaints Contact Information:** If you would like to submit a complaint or have questions regarding our privacy practices you may contact us in writing at the following address: 1340 Salem Road SW, Rochester, MN 55902, or you may also contact the Secretary of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

**Effective Date:** This notice is effective on or after 9/1/2018. (By signing below, applicant is confirming they have received a copy of the Collins Orthodontics Adopt-A-Shark Program Notice of Privacy Practices).

*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_ 6

## Adopt-A-Shark Program Rules and Guidelines



Collins Orthodontics is happy to provide this once-in-a-lifetime opportunity for the applicant to receive braces. However, we will only provide treatment if the applicant fully cooperates with the treatment provider and his/her treatment plan. All of the following conditions must be met to be eligible to start treatment and to continue treatment. **PARENT/GUARDIAN, PLEASE READ CAREFULLY AND INITIAL EACH ITEM.**

- \_\_\_\_\_ 1. Collins Orthodontics provides orthodontic treatment **ONLY**. Extractions, cleanings, oral surgery or other treatment that may be necessary before, during, or after orthodontic treatment are the financial responsibility of the participant.
- \_\_\_\_\_ 2. To be a part of this program the applicant must have good oral hygiene and not have any unfilled cavities. If the applicant has unfilled cavities or periodontal disease, these conditions must be completely remedied before treatment is started. You must have regular dentist cleanings every six months during treatment. During the course of treatment, if the applicant's teeth are not cleaned properly, cavities can form around the braces. **The applicant may be removed from the program at any time due to poor oral hygiene.**
- \_\_\_\_\_ 3. Treatment availability is limited and **Collins Orthodontics cannot make guarantees of placement even if the applicant qualifies for the program.**
- \_\_\_\_\_ 4. Regular appointments are required to make sure teeth move as expected. Since Collins Orthodontics is donating treatment, we may require you to attend appointments during non-peak hours. As a result, the applicant's appointments will likely be scheduled during the mid-morning or mid-afternoon hours. It is your responsibility to make sure that all scheduled appointments are kept. If you must cancel or reschedule an appointment, you are required to give your doctor at least 24 hours' notice. **Not calling to cancel or missing an appointment is grounds to remove the applicant from the program and the applicant's braces removed.**
- \_\_\_\_\_ 5. The applicant must fully follow the treatment plan set by your treatment provider, which will be explained to you before treatment starts. If you fail to follow the treatment plan, including but not limited to proper use of bands, appliances, and retainers, Collins Orthodontics has the option to refuse to continue treatment and to remove braces.
- \_\_\_\_\_ 6. If the applicant moves before treatment concludes, please call Collins Orthodontics. The applicant will be removed from the program and will be responsible for making arrangements to complete their care. The applicant may either have Collins Orthodontics remove the braces or they may locate a new treatment provider in their new community for which they will be financially responsible. Collins Orthodontics is not responsible for locating a new treatment provider or paying for continued treatment.

## Program Rules and Guidelines Cont.

- \_\_\_\_\_ 7. The applicant may be removed from the program at any time (this includes during the application process, before and after treatment has started) if the applicant is **uncooperative or disrespectful** to Collins Orthodontics staff or fails to comply with any Collins Orthodontics rules and guidelines. During the course of treatment, Collins Orthodontics may, at his/her discretion, refuse to continue treatment and may remove the applicant's braces. If removed for cause, the applicant is no longer eligible to reapply to the Adopt-A-Shark Program.
- \_\_\_\_\_ 8. Broken appliances or loose brackets and bands can cause damage to teeth and the rest of the mouth. The applicant must not eat hard or sticky foods or pull on the braces. **If there is frequent damage to the braces, Collins Orthodontics has the option of removing the braces or charging the applicant to repair the damage, which is not covered by this program.**
- \_\_\_\_\_ 9. One (1) retainer device will be provided as part of the treatment program at no charge. **If this retainer is lost or damaged, the applicant will be charged for a replacement.**
- \_\_\_\_\_ 10. If the applicant is accepted into the program, they consent to Collins Orthodontics's use, without charge, of all photos, video or audio recordings of the applicant. Collins Orthodontics may (1) copyright, broadcast, display, publish, re-publish, and reproduce the applicants, voice and any statements made by him/her, in whole or in part, in any and all media forms; and (2) assign the applicant a fictitious name or use your or his/her first name, likeness, video, photograph, voice, statements and biographic or other information concerning his/her participation with the Adopt-A-Shark Program, for fundraising or other promotional and advertising purposes. The applicant agrees to participate in surveys and case management during and after treatment.



**Adopt-A-Shark Program  
Consent and Hold Harmless Agreement**



The undersigned has read, understands and agrees to abide by the attached Program Rules and Guidelines, which are incorporated herein by reference, for receiving orthodontic treatment through the Collins Orthodontics Adopt-A-Shark Program, and has been given the opportunity to ask questions about this information. If our application is approved, I consent to allow Collins Orthodontics and its partner doctors to provide orthodontic treatment for the applicant. I understand that acceptance into the Collins Orthodontics Adopt-A-Shark Program the applicant's orthodontic care is based on my ability to maintain my oral health as indicated in the Program Rules and Guidelines and to abide by all the Program Rules and Guidelines. I also understand that if we do not maintain oral hygiene and abide by the Program Rules and Guidelines, the applicant will be removed from the program, his/her braces will be removed and treatment will be terminated. I further agree that if treatment is stopped early and the applicant is removed from the program for not following the Rules and Guidelines, or for any other reason, they will hold Collins Orthodontics harmless and free from any liability for any damage or injury resulting from the termination of said treatment.

I, on behalf of the applicant, expressly authorize Collins Orthodontics, the partner doctor(s) and Applicant's dentist (as listed on application) to share Applicant's medical records and information with each other in order to coordinate and manage treatment. In consideration of the acceptance of Applicant's application by Collins Orthodontics, I release Collins Orthodontics and the partner doctor and their agents, employees, board members, officers, representatives, and successors and assigns from any and all claims, demands, actions, proceedings, damages or liability of any kind whatsoever that we may have at any time arising, directly or indirectly, from (i) Applicant's participation in the Collins Orthodontics Adopt-A-Shark Program, or (ii) any action taken by Collins Orthodontics or the partner doctor based on the Program Rules and Guidelines, including but not limited to Applicant's removal from the program and the removal of Applicant's braces. I further acknowledge and understand that Collins Orthodontics and the partner doctor do not guarantee satisfaction with the outcome of the orthodontic treatment provided. I consent and authorize receipt of all communication from Collins Orthodontics via email to the email address provided by application, or as updated by me in writing to Collins Orthodontics from time to time. I understand that it is my responsibility to maintain a valid email address on file with Collins Orthodontics for this purpose. This Agreement shall be interpreted and enforced in accordance with the laws of Minnesota. Waiver of any provision by Collins Orthodontics shall not operate or be construed as a continuing waiver. This Agreement shall survive termination or completion of the applicant's treatment. If any portion of this Agreement is held invalid, the remainder of it shall remain effective.

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE ABOVE CONSENT AND HOLD HARMLESS AGREEMENT.**

**Parent/Guardian Consent: I further certify, that all the information enclosed in this application is true and correct. I understand that deliberate misrepresentation will not be tolerated and will result in permanent dismissal from the program.**

*Your signature must be hand written. Electronic signatures are not acceptable.*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*