

Adopt-A-Sasquatch Program

Overview and Application Process

Dischinger Orthodontics is excited to offer the Adopt-A-Sasquatch Program to provide free orthodontics treatment to children who have gone through treatment for neurofibromatosis.

Qualification: Applicant must meet ALL qualification to apply to the program.

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

Application Process:

1. Once Dischinger Orthodontics has received a completed application, it will be reviewed by the Dischinger Orthodontics Review Panel. Once reviewed, the family will be notified whether the applicant (1) is qualified for the program, (2) is declined for the program, (3) or applicant 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, Dischinger Orthodontics will notify the applicant that they have been put on a wait list.
 - *The waiting period can vary and could be longer than 12 months based on demand. Likewise, Dischinger Orthodontics has limited availability and **cannot guarantee placement.**

Application Checklist:

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

Mail COMPLETED applications to: Dischinger Orthodontics
Attn: Adopt-A-Sasquatch Program Coordinator
3943 Douglas Way
Lake Oswego, OR 97035

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

Adopt- A- Sasquatch Program
General Application

1. Applicant's Personal Information

<hr/> Legal Last Name	<hr/> Legal First Name	<hr/> M.I.	
<hr/> Date of Birth	<hr/> - - Social Security Number	<hr/> Gender	
<hr/> Street Address	<hr/> City	<hr/> State	<hr/> Zip Code
<hr/> Country	<hr/> Phone Number		

2. Parent/Guardian Information

<hr/> Legal Last Name	<hr/> Legal First Name	<hr/> M.I.
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3. Other Information

Has anyone in your family been treated at Dischinger Orthodontics? Yes No
If so, list name(s): _____

How did you hear about the Adopt-A-Sasquatch Program?

Adopt-A-Sasquatch Program

Dental Health Certification

The Adopt-A-Sasquatch Program was created by Dischinger Orthodontics to provide free orthodontic care to children who have gone through treatment for Neurofibromatosis. Giving back to the community is a priority to our clinic. Often their journey is quite costly for their family and orthodontic treatment is financially out of reach. The Adopt-A-Sasquatch Program makes orthodontic treatment possible and provides beautiful smiles and confidence to these children.

To ensure the Adopt-A-Sasquatch Program Applicant is a candidate for orthodontic treatment, we ask that the following is completed by their dentist.

Dental Health Certification

Dentist Name: _____ Phone #: _____

Clinic Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of last exam: _____

Does the applicant have unfilled cavities? Yes No

Does the applicant have good oral hygiene? Yes No

Is the applicant currently wearing braces? Yes No

Comments:

I hereby certify that _____ is in adequate dental health to undergo orthodontic treatment.

Dentist Signature

Date

Adopt-A-Sasquatch Program

Dental Health Certification

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To ensure the Adopt-A-Sasquatch Program Applicant is a candidate for orthodontic treatment, we ask that the following is 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 treatment completion: _____

Comments:

I hereby certify that _____ is in adequate dental 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 nation and advisory board members of the Dischinger Orthodontics Adopt-A-Sasquatch 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 assessments, public relations, fund development and other activities of Dischinger 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 government mandated reporting.

Public Health Reporting: Your protected health information may be disclosed to public health agencies as required by law.

Other uses and disclosures require your authorization: Disclosures 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 notified 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.

Dischinger Orthodontics Adopt-A-Sasquatch 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 practiced 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 polices and practiced will be applied to all protected health information we maintain.

Request to Inspect Protected Health Information: You may generally inspect or coy 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 Dischinger 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 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 1/31/2023. (By signing below, applicant is confirming they have received a copy of the Dischinger Orthodontics Adopt-A-Sasquatch Program Notice of Privacy Practices).

Signature of Parent/Guardian: _____ Date: _____

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Adopt-A-Sasquatch Program

Rules and Guidelines

Dischinger Orthodontics is happy to provide this 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. Dischinger 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 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 has started. You must have regular dentist cleanings every 6 months during treatment. During the course of the treatment, if the applicant's teeth are not cleaned properly, cavities can form around the braces. **The application may be removed from the program at any time due to poor oral hygiene.**

_____ 3. Treatment availability is limited and Dischinger 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 Dischinger 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 schedule 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 for removal from the program and the applicant's braces or attachments to be 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, Dischinger Orthodontics has the option to refuse to continue treatment and to remove braces or attachments.

_____ 6. If the applicant move before treatment concludes, please call Dischinger 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 Dischinger Orthodontics remove the braces or attachments or they may locate a new treatment provider in their new community for which they will be financially responsible. Dischinger Orthodontics is not responsible for locating a new treatment provider or paying for continued care.

_____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 the Dischinger Orthodontics staff or fails to comply with any Dischinger Orthodontics rules and guidelines. During the course of treatment, Dischinger Orthodontics may, at his/her discretion, refuse to continue treatment and may remove the applicants braces or attachments. If removed for cause, the applicant is no longer eligible to reapply to the Adopt-A-Sasquatch Program.

_____8. Broken appliances or loose brackets 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 or attachments. **If there is frequent damage to the braces or attachments, Dischinger Orthodontics has the option of removing the braces or attachments or charging the applicant to repair the damage, which is not covered by this program.**

_____9. A set of retainers and models will be provided as part of the treatment program. If the retainers are lost or broken, you are able to drop the models off to have replacement retainers made at no charge. **If the models are lost and new ones need to be printed, the applicant will be charged for the replacement.**

_____10. If the applicant is accepted into the program, they consent to Dischinger Orthodontics use, without charge, of all photos, video or audio recordings of applicant. Dischinger 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-Sasquatch 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-Sasquatch Program
Consent and Hold Harmless Agreement

The undersigned has read, understands and agrees to abide by the attached Program Rule and Guidelines, which are incorporated herein by reference, or receiving orthodontics treatment through the Dischinger Orthodontics Adopt-A-Sasquatch Program, and has been given the opportunity to ask questions about this information. If our application is approved, I consent to allow Dischinger Orthodontics and its partner doctors to provide orthodontics treatment for the applicant. I understand that acceptance into the Dischinger Orthodontics Adopt-A-Sasquatch 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 or attachments 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 Rule and Guidelines, or for any other reason, they will hold Dischinger 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 Dischinger Orthodontics, the partner doctor(s) and Applicant's dentist (as listed on application) to share the Applicant's medical records and information with each other in order to coordinate and manage treatment. In consideration of the acceptance of the Applicant's application by Dischinger Orthodontics, I release Dischinger 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 Dischinger Orthodontics Adopt-A-Sasquatch Program, or (ii) any action taken by Dischinger Orthodontics or the partner doctor based on the Program Rules and Guidelines, including by not limited to Applicant's removal from the program and the removal of the Applicant's braces or attachments. I further acknowledged and understand that Dischinger Orthodontics and the partner doctor do not guarantee satisfaction with the outcome of the orthodontic treatment provided. I consent and authorized receipt of all communication from Dischinger Orthodontics via email to the email address provided by the application, or as updated by me in writing to Dischinger Orthodontics from time to time. I understand that it is my responsibility to maintain a valid email address on file with Dischinger Orthodontics for this purpose. This agreement shall be interpreted and enforced in accordance with the laws of Oregon. Waiver of any provision by Dischinger Orthodontics shall not operate or be constructed 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