Dear Parent,

La Crosse County Seal-A-Smile is offering a preventative dental sealant program in your child’s school for all children in 6th grade. A Registered Dental Hygienist (RDH) will come to the school to provide this program at no charge to you. All procedures will follow recommendations from the American Dental Association and Centers for Disease Control and Prevention for school-based dental sealant programs.

What exactly does this program offer for my child?

- Dental sealants and fluoride varnish.
- A cleaning if your child does not have a dental home.
- Tooth brushing instructions and oral health education.
- Toothbrush and toothpaste.
- A letter sent home explaining what services were done and suggestions for further treatment.
- A follow up phone call if your child was referred for further treatment.
- We may see your child again in 7th grade for a follow up visit.

What is a sealant?

- A sealant is a thin, tooth-colored, plastic coating that is painted on a tooth to help prevent cavities from forming.

What if my child already has sealants?

- Our Registered Dental Hygienist will check your child’s sealants, and replace or repair those that may no longer be there.

What is fluoride varnish?

- Fluoride varnish is topical gel that is painted onto the teeth, making them stronger.
- Your child will receive a minimum of two applications while our program is at your school.

What if my child has cavities?

- A letter will be sent home indicating if your child has cavities and suggestions for further treatment.
- If your child has cavities, they will be referred to see a dentist. Depending on your dental insurance, your child may be able to see a dentist at school. Services could include digital dental x-rays, composite (white) fillings, stainless steel (silver) crowns, and simple extractions.

Please read, complete, and sign the attached consent form and return it to your child’s teacher or the office.

If you have questions about this program please contact La Crosse County Health Department at (608) 785-9723.

Sincerely,

Charity Trussoni, RN, BSN
La Crosse County Public Health Nurse
Oral Health Program Manager
(608) 785-9839
La Crosse County Health Department
Notice of Privacy Practices

This information describes how medical information about you may be used and disclosed and how you may access this information. Please review it carefully. La Crosse County reserves the right to change this notice at any time. In the event of a change La Crosse County will post a revised copy on [http://www.co.la-crosse.wi.us/health/](http://www.co.la-crosse.wi.us/health/). Or a copy will be provided to you per your request.

How La Crosse County Uses and Shares Your Medical Information:

- La Crosse County Health Department uses health information from your medical records to provide treatment to you, to arrange for payment, and for health care operations:
  - **TREATMENT**: The County may share your medical information with a physician or other health care provider. Any treatment would be noted in your records for any other doctor, nurses or health care provider.
  - **PAYMENT**: The County may submit your health information to Medicare for reimbursement. When it does this, it will share the least amount of information so that payment can be made. Usually this involves identifying you, your diagnosis and the treatment provided.
  - **HEALTH CARE OPERATIONS**: We may look at your file to review our operations. These quality and cost improvement activities may include evaluating the performances of our nurses and other health care providers.
- The law allows La Crosse County Health Department to share your protected health information without your authorization:
  - **As required by law**—If any aspect of your medical information becomes the interest of a legal proceeding, court or administrative action.
  - **For public health reasons**—Certain information is gathered for statistical purposes and will be shared with the agency, i.e. CDC, State Department of Health, FDA, etc.
  - **Health oversight activities**—The government monitors the activities of its benefit system, a review of which may include your personal health information
- All other disclosures of your personal health information will require an authorization by you. The authorization may be revoked by you at any time. You do not have to sign an authorization to receive treatment.

Your Health Information Rights:

- **ACCESS**: You have the right to see your medical records and request copies. You may request copies in writing to the La Crosse County Health Department.
- **DISCLOSURES**: The County must keep a record of who your information is disclosed to after April 14, 2003, and you have a right to see the disclosure record. You may request this information from your Health Department provider.
- **RESTRICTION**: You have the right to request additional restrictions. The County does not have to agree to the request. However, if it does, the agreement must be in writing.
- **CONFIDENTIAL COMMUNICATIONS**: You have the right to request that we make arrangements with you to communicate with you in a different manner than usual. This request must be in writing and must state that if given in the usual manner that this information could endanger you in some way. If your request is reasonable, specifies an alternate manner, and satisfies how payments will be made, then it must be accommodated in accordance with the law.
- **AMENDMENT**: You do not have the right to change your medical information. You have the right to request that we clarify your medical information by adding information to your records. Your request must be in writing, and it must explain why the information should be amended. The County has the right to deny your request. The denial will be in writing. You may respond with a statement in writing as to why you would disagree with the decision, which will be added to the records. If we agree to amend the records as requested then we may also make reasonable efforts to inform other, including specific parties named by the consumer of the changes.

La Crosse County Responsibilities:

- Maintain privacy of your health information.
- Provide you with a notice as to our legal duties & privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable request that you may have to communicate health information by alternative means or to alternative locations.

Complaint Process:

La Crosse County Health Department has a documented complaint process regarding the use and or disclosure of protected health information. If you wish to file a complaint, you may call, write, or present in person at:

La Crosse County Health Department
300 4th Street North
La Crosse, WI 54601
608-785-9723