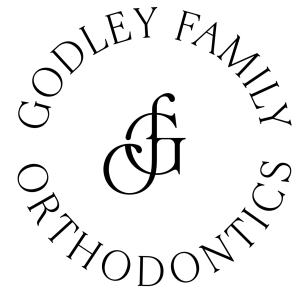


Yeti – Set – Smile Program



The Yeti-Set-Smile Program was created by Godley Family Orthodontics to provide free orthodontic care for children who have battled cancer. Often the journey for families with pediatric cancer patients is quite costly, and orthodontic treatment is financially out of reach. This program makes orthodontic treatment possible, and provides beautiful smiles and confidence to children who have found the strength to persevere despite overwhelming obstacles.

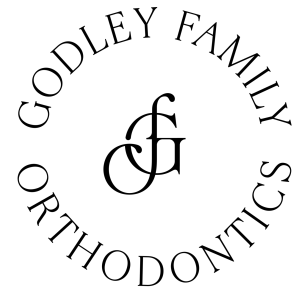
QUALIFICATIONS: Applicants must meet ALL qualifications to apply to the program.

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

APPLICATION PROCESS:

1. Once your application has been received by Godley Family Orthodontics, it will be reviewed and the family will be notified whether the application has qualified for the program, is declined for the program, or will need further evaluation (due to poor hygiene, dental development, or other issues).
2. If the applicant qualifies for the program and there are no current openings, Godley Family Orthodontics will notify the applicant that they have been put on the wait list. The waiting period varies and can be longer than twelve (12) months based on demand. Godley Family Orthodontics has limited availability and cannot guarantee placement.

Yeti – Set – Smile Program



APPLICATION CHECKLIST:

- Application (page 3)
- Essay from applicant (page 4)
- Dental Health certification signed by applicant's dentist (page 5)
- General Health certification and pediatric oncologist/primary care physician (page 6)
- Notice of Privacy Practices (page 7-8)
- Program Rules and Guidelines (page 9-10)
- Consent and Hold Harmless Agreement (page 11-12)

Please either **mail** the complete application to:

Godley Family Orthodontics
Attn: Yeti-Set-Smile Program
12036 N Michigan Rd, Suite 110
Zionsville, IN 46077

OR you can **e-mail** the complete application to:

smile@godleyfamilyortho.com

* Please ensure to use adequate postage and keep a copy of your application for your records. *

Yeti – Set – Smile Program

Application



I. APPLICANT'S PERSONAL INFORMATION

Legal Last Name	Legal First Name	Middle Initial	
Date of Birth	Social Security Number	Gender	
Street Address	City	State	Zip Code
Phone Number			

II. PARENT/GUARDIAN INFORMATION

Legal Last Name	Legal First Name	Middle Initial
Email address		

III. OTHER INFORMATION

Has anyone in your family been treated at Godley Family Orthodontics? YES NO

If so, please list names: _____

How did you hear about the Yeti-Set-Smile Program?

Yeti – Set – Smile Program

Dental Health Certification



The Yeti-Set-Smile Program was created by Godley Family Orthodontics to provide free orthodontic care for children who have battled cancer. Often the journey for families with pediatric cancer patients is quite costly, and orthodontic treatment is financially out of reach. This program makes orthodontic treatment possible, and provides beautiful smiles and confidence to children who have found the strength to overcome overwhelming obstacles. To ensure the Yeti-Set-Smile Program applicant is a candidate for orthodontic treatment, we ask that the following be completed by their **dentist**.

DENTAL HEALTH CERTIFICATION

Dentist Name: _____ Phone #: _____

Clinic Name: _____

Email: _____

Address: _____

Date of applicant's last dental 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

Yeti – Set – Smile Program

General Health Certification



The Yeti-Set-Smile Program was created by Godley Family Orthodontics to provide free orthodontic care for children who have battled cancer. Often the journey for families with pediatric cancer patients is quite costly, and orthodontic treatment is financially out of reach. This program makes orthodontic treatment possible, and provides beautiful smiles and confidence to children who have found the strength to overcome overwhelming obstacles. To ensure the Yeti-Set-Smile 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: _____

Date of applicant's last exam: _____

Date of cancer treatment completion: _____

Is the applicant in remission? YES NO

Did the patient require radiation? YES NO

Comments: _____

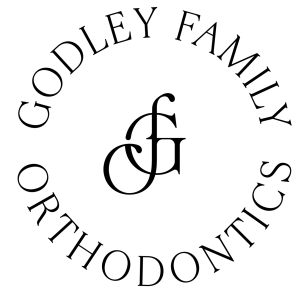
I hereby certify that _____ is in adequate health to undergo orthodontic treatment.

Physician Signature

Date

Yeti – Set – Smile Program

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.

Treatment: Your protected health information may be used by staff members, volunteers, and advisory board members of the Godley Family Orthodontics Yeti-Set-Smile 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 and records may be used as necessary to support assessment, public relations, fund development and other activities of Godley Family Orthodontics.

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.

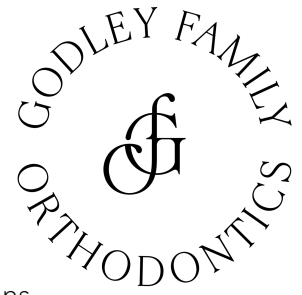
Law enforcement: Your protected health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with governmental mandated reporting.

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.

Yeti-Set-Smile 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.

Yeti – Set – Smile Program



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 Godley Family Orthodontics:

12036 N Michigan Rd, Suite 110
Zionsville, IN 46077
(317) 913-2828

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 above address, 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.

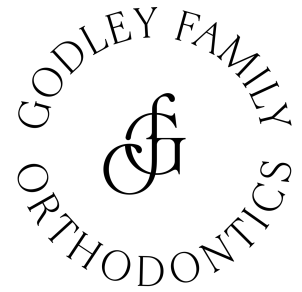
Effective Date: This notice is effective on or after 12/22/2023. By signing below, applicant is confirming they have received a copy of the Godley Family Orthodontics Yeti-Set-Smile Program Notice of Privacy Practices.

Signature of Parent/Guardian

Date

Yeti – Set – Smile Program

Rules and Guidelines



Godley Family 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 the treatment plan prescribed. 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 beside each item.**

_____ 1. Godley Family Orthodontics provides orthodontic treatment ONLY. Extractions, cleanings, fillings, oral surgery, or other treatment that may be necessary before, during, or after orthodontic treatment are the financial responsibility of the participant.

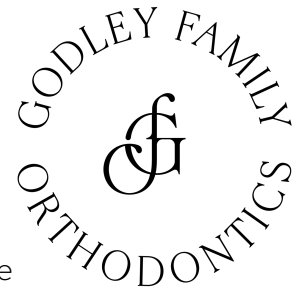
_____ 2. To be a part of this program the applicant must have good oral hygiene and not have any unfilled cavities. If the applicant has unfilled cavities or gum disease, these conditions must be completely remedied before treatment is started. You must have regular dentist cleanings every six months during orthodontic 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 Godley Family Orthodontics cannot make a guarantee of placement even if the applicant qualifies for the program.

_____ 4. Regular appointments are required to make sure teeth move as expected. Since Godley Family Orthodontics is donating treatment, we may require you to attend appointments during non-peak hours. 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.

_____ 5. The applicant must follow the treatment plan set by the orthodontist, which will be explained to you before treatment starts. If you fail to follow the treatment plan, including but not limited to wearing of rubber bands (elastics), appliances, and retainers, Godley Family Orthodontics has the option to refuse to continue treatment and to remove braces.

Yeti – Set – Smile Program



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

_____ 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, disrespectful to Godley Family Orthodontics staff, or fails to comply with any rules and guidelines. During the course of treatment, Godley Family Orthodontics may, at their discretion, refuse to continue treatment and remove the applicant's braces. If removed for cause, the applicant is no longer eligible to reapply for the Yeti-Set-Smile Program.

_____ 8. Broken appliances or loose brackets and bands can cause damage to teeth and the rest of the mouth. The applicant must avoid eating hard or sticky foods. If there is frequent damage to the braces, Godley Family Orthodontics has the option of removing the braces or charging the applicant to repair the damage.

_____ 9. Following treatment, two (2) retainers will be provided as part of the program at no charge. If these retainers are lost or damaged, the applicant will be charged for replacement(s).

_____ 10. If the applicant is accepted into the program, they consent to the use of photos, records, videos, and recordings of the applicant by Godley Family Orthodontics. Godley Family Orthodontics may copy, broadcast, display, publish, and reproduce these records and any statements made, in whole or in part, in any media form; and may his/her first name, likeness, video, photograph, voice, statements and biographic or other information concerning his/her participation with the Yeti-Set-Smile Program, for fundraising or other promotional and advertising purposes. The applicant agrees to participate in follow-up case management during and after treatment.

Yeti – Set – Smile Program

Consent Agreement



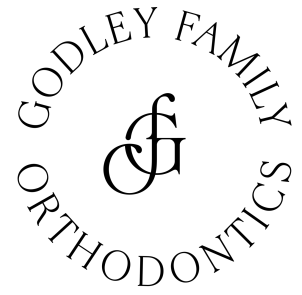
By signing this agreement, I have read, understand and agree to abide by the attached Program Rules and Guidelines, which are incorporated herein, for receiving orthodontic treatment through the Godley Family Orthodontics Yeti-Set-Smile Program.

If our application is approved, I consent to allow Godley Family Orthodontics to provide orthodontic treatment for the applicant. I understand that with acceptance into the Godley Family Orthodontics Yeti-Set-Smile Program, the applicant's orthodontic care is based on the ability to maintain excellent 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, I will hold Godley Family Orthodontics harmless and free from any liability for any damage or injury resulting from the termination of treatment.

I, on behalf of the applicant, expressly authorize Godley Family Orthodontics and Applicant's dentist 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 Godley Family Orthodontics, I release Godley Family Orthodontics and their agents, employees, board members, representatives, and successors 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) the Applicant's participation in the Godley Family Orthodontics Yeti-Set-Smile Program, or (ii) any action taken by Godley Family Orthodontics or any partner doctor based on the Program Rules and Guidelines, including but not limited to the Applicant's removal from the program and the removal of Applicant's braces. I further acknowledge and understand that Godley Family Orthodontics do not guarantee satisfaction with the outcome of the orthodontic treatment provided. I consent and authorize receipt of all communication from Godley Family Orthodontics via email to the email address provided by application, or as updated by me in writing to Godley Family Orthodontics. I understand that it is my responsibility to maintain a valid email address on file with Godley Family Orthodontics for this purpose. This Agreement shall be interpreted and enforced in accordance with the laws of Indiana. Waiver of any provision by Godley Family Orthodontics shall not operate or be construed as a continuing waiver. This Agreement shall survive termination or completion of the applicant's

Yeti – Set – Smile Program

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 AND HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS.

Parent/Guardian Consent: I also 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