

၂၀၁၄ မေအညွှန်း: ကုမ္ပဏီလီမိတက်ကုလ်ကုလ်နည်းလီမိလ်ကုလ်နီနီဘဉ်တံးမၤ၁၀၀၀ ကလီအဂီၢ်တက့ၢ်.

တၢ်မၤစၢၤတဖၣ်ဟံၣ်ဃုာ်ဝဲဒၣ်:

- တၢ်မၤကွၢ်မဲၢ်ကလီၤ-ပမဲၤကသံၣ်သရၣ်စးနီၣ်တဖၣ်ကွၢ်လီၤဝဲဒၣ်ဆူၣ်ဖိသုၣ်တဖၣ်အကိးပူၤလၢကသမံသမိးကွၢ်ဝဲဒၣ်ဖိသုၣ်တဖၣ်အမဲတၢ်အိၣ်ဆူၣ်အိၣ်ချ့ခဲလၢခဲဆူၣ်န့ၣ်လီၤ.
- တၢ်မၤပွဲၤဝဲဒၣ်မဲၢ်ပူၤဟီုတဖၣ်-လၢမဲတဖၣ်အပူၤဟီုတအိၣ်ထီၣ် တဂ့ၤအဂီၢ်တၢ်မၤပွဲၤလီၤဝဲဒၣ်အီၤန့ၣ်လီၤ.
- ကသံၣ်တၢ်ထုးမဲၢ်ကလီၤ-ထုးမဲ, ဘၢတၢ်မံၤဝဲအံၤအမၤကျၢၤထီၣ်ဝဲဒၣ် နမဲဒီးအဒိသဒၢစ့ၢ်ကိးဝဲသုမဲတဖၣ်အပူၤဟီုတဖၣ်သုတအိၣ်ထီၣ်တ ဂ့ၤအဂီၢ်န့ၣ်လီၤ.



ဘဉ်မနုၤအယိနုၤကြးဆဲးလီၤဝဲဒဉ်နုၤဖိအမံၤလၢကဒီးန့ၢ်ဘဉ်တၢ်မၤစၢၤကလီၢ်ဝဲအံၤလီၤ.

- မဲတင်အိတ်ဆူင်အိတ်ချဲ့နှင့်အရဒိတ်လၢနတၢ်အိတ်ဆူင်အိတ်ချဲ့ခဲလက်ခဲဆွဲန့ၣ်လီၤ.
- တၢ်မၤပွဲၤဝဲဒၣ်မဲပူၤဟိတဖၣ်လၢကိမ့ၢ်အိတ်န့ၣ်, နတလိတ်ယုပူၤလၢတၢ်မၤဘၣ်ဒီး, နဖိစ့ၢ်ကိးတဘၣ်ယုၤလၢကိဘၣ်န့ၣ်လီၤ.
- တၢ်မၤပွဲၤဝဲဒၣ်လီၤမဲပူၤဟိတဖၣ်န့ၣ်ဘၣ်တၢ်မၤအီၤလၢမဲကသံၣ်သရၣ်စးနီၣ်တဖၣ်န့ၣ်လီၤ.
- လဲၤထံၣ်လိာ်ဘၣ်နသးဒီးနမဲၣ်ကသံၣ်သရၣ်အစုၤကတၢ်တနံၣ်တဘျီတက့ၢ်.



ကသံဃ်ထူးမဲ့န့ၣ်ဘၣ်တၢ်ထူးအိၣ်ဒီးဘၣ်ရး(၈)

လတ်တလောကဗျာအရပ်အကွက်၊
ကိစ္စတစ်ခု

503-521-7166.

တရားတပ်မတော်အစီ



တၢ်မၤပံၤအီၤဝံၤ



တၢ်ဂၢ်ကိး မဲကအိ

- မဲကအိန္ဒန့်မုဒဲဒ်မဲတၢ်ခါတခါလၢအကဲထီၣ်အသးညီၣ်န့ၣ်လၢဖီသ့ၣ် နီၣ်ဆဲးအခါတခါန့ၣ်လီၤ.
- ဖီသ့ၣ်သးနံၣ် 5-11 နံၣ် 50% န့ၣ်အိၣ်ဒီးမဲကအိၣ်¹ အစၢကတၢၢ်တခါန့ၣ်လီၤ.

တၢ်ဘျးစဲး: တၢ်မၤပဲၤလီၤဝဲဒၣ်မဲကအိ

- ပုဂံကဲ့မီလအဒီးနဲ့ဘင်ဒဲဒ်တံမပျဲမဲကအိန့် အဒီးနဲ့ဘင်ဒဲဒ်မဲကအိဉ်န့ဒ်ပုဂံကဲ့မီလတမပျဲမဲကအိ² 50% န့လီ.
- တံသုဒဲဒ်ကသံတံထုးမဲအုဒ်န့ဒ်အဒိသအဲဒ်မဲထီအိဉ်ကျဲလအကအိထီဉ် 43% ဒီး မဲဖဲဆဲးအကအိထီဉ် 37% န့လီ.

¹CDC. ဖိသက်ကိန်းပေးမှုအရှိဆုံးအချိန်. [https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html#:~:text=More%20than%20half%20of%20adolescents,one%](https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html#:~:text=More%20than%20half%20of%20adolescents,one%20third%20of%20adults,one%20third%20of%20adolescents,one%20third%20of%20adults)

² ပုတေတတ်ဒီသတင်းမအင်္ဂါဘိကရန်. (2017) တၢ်မၤကၢၤထီၣ်ကိးပၤဆၢၣ်ခ့ၣ်.တၢ်ထၢၣ်ပံၤမဲကအိပၤလၢကိအတၢ်ရဲၣ်တၢ်ကဲၤ. <https://www.thecommunityguide.org/sites/default/files/assets/OnePager-OralHealth-School-Sealants.pdf>

³Marinho VCC, Worthington HV, Walsh T, Clarkson JE. တပ်မတော်တပ်သားနှစ်ယောက်တို့အား အတိအကျသိသော အကျိုးအမြတ်ကို အကဲဖြတ်ခြင်း။ *Cochran တပ်မတော်တပ်သားနှစ်ယောက်တို့အား အကဲဖြတ်ခြင်း* 2013, Issue 7. Art. No: CD002279. DOI: 10.1002/14651858



Free services include:

-
- A colorful illustration featuring a blue mug with a smiling face, holding a pencil, a spoon, and a toothbrush. Beside the mug is a red apple with a bite taken out of it, a green container, and a tube of toothpaste. The background is a simple yellow circle on a purple oval base.

A close-up photograph of a dental professional, seen from the side, wearing a white surgical mask and blue nitrile gloves. The professional is examining a young boy's teeth with a dental mirror. The boy is smiling and looking towards the camera. He is wearing a blue and white striped dental bib. The background is a plain, light-colored wall.

503-521-7166.

Revised May 2024

တၢ်တိစၢၤမၤစၢၤတဖၣ်လၢမဲအဂီၢ်လၢအပူၤကလီ အလံာ်ပျဲးဖျိတဲာ်



တၢ်သမံသမိးမၤကွၢ်မဲတဖၣ်, တၢ်ဒၢန့ၢ်ကွၢ်မဲကသံၣ်ကးတံာ်တဖၣ် ဒီးတၢ်ဖူလီဖလီရဲးတဖၣ် လၢအပူၤကလီန့ၢ် တၢ်မၤန့ၢ်အိၤလၢနဖီအကူၤသ့န့ၢ်လီၤ.
တၢ်တိစၢၤမၤစၢၤတဖၣ်အံၤန့ၢ် ဘၣ်တၢ်မၤအိၤလၢ မဲကသံၣ်သရၣ်စဲၣ်နီၤတဖၣ် ဒီးကဒိသဒၢစၢၤကိာ်ပူၤတၢ်ဆါတဖၣ်န့ၢ်လီၤ.

ဖိသၣ်အမံၤ - _____ (မံၤကတၢၢ်)	(မံၤဒိၣ်ထံး)	(မံၤလၢအဘၣ်သး)
ဖိသၣ်အိၣ်ဖျၢၣ်မုၢ်နံၤ (လၢ/နံၤ/နံၣ်) - ____/____/____ သရၣ် - _____ အတီၤ - _____		
ကွီ - _____		

မၤနီၣ်တၢ်လွၢ်န့ၢ်တခါလၢလံာ်အံၤ ဒ်သိးကဆဲးလီၤမံၤလၢ တၢ်တိစၢၤမၤစၢၤအပူၤကလီအံၤအဂီၢ်တက့ၢ် -

☐ မ့ၢ်, လၢတၢ်သမံသမိးမၤကွၢ်, မဲကသံၣ်ကးတံာ်တဖၣ်ဒီးဖလီရဲးအဂီၢ်

☐ မ့ၢ်, လၢတၢ်သမံသမိးမၤကွၢ်ဒီး မဲကသံၣ်ကးတံာ်တဖၣ်အဂီၢ်

☐ မ့ၢ်, လၢတၢ်သမံသမိးမၤကွၢ်ဒီး ဖလီရဲးအဂီၢ်

☐ မ့ၢ်, ထဲလၢတၢ်သမံသမိးမၤကွၢ်အဂီၢ်

* တၢ်နီၣ် - မ့ၢ်အါန့ၢ် “မ့ၢ်” တၢ်လွၢ်န့ၢ်တခါ ဘၣ်တၢ်မၤနီၣ်အိၤန့ၢ်, တၢ်ကဟ့ၣ်လီၤ တၢ်တိစၢၤမၤစၢၤလၢတၢ်အၢၣ်လီၤဟ့ၣ်အိၤ ခဲလၢန့ၢ်လီၤ.

☐ မၤတဂ့ၤ, တဘၣ်ဟ့ၣ်တၢ်တိစၢၤမၤစၢၤနီၣ်တမံၤ လၢယဖိအဂီၢ်တဂ့ၤ

တၢ်ဆဲးကျိးတၢ်ဂ့ၢ်တၢ်ကျိၤ	
မိၢ်ပၢ်/ပုၤကွၢ်ထွဲဖိ -	ကျိၢ်လၢအသးလီၤ-
လီၤတဲမိနီၣ်ဂီၢ်အဂ့ၤကတၢၢ် လၢကဆဲးကျိးန့ၢ်အဂီၢ် -	တၢ်ဟ့ၣ်ပျဲလၢကဆၢလံာ်အဂီၢ် - ☐ ဟ့ၣ်တၢ်ပျဲလီၤ ☐ တဟ့ၣ်တၢ်ပျဲဘၣ်
အံၤမ့ၢ်(လ)	
လီၤဆိးထံးလၢတၢ်ဆၢလံာ်ပရၢအဂီၢ် -	

ဝံသးစူၤဟ့ၣ်ဘၣ် တၢ်ဂ့ၢ်တၢ်ကျိၤလၢအပိာ်ထွဲထီၣ်အခံဒ်သိး ပတိစၢၤမၤစၢၤနဖီကသ့ ဂ့ၤဒိၣ်န့ၢ်အဂီၢ်တက့ၢ် -

ယဖိန့ၢ်အိၣ် (ကွဲးရဲၣ်လီၤကသံၣ်ကသီတဖၣ်) -	တအိၣ်ဘၣ် - ☐
ယဖိန့ၢ်တဘၣ်လိာ်သးဒီး -	တအိၣ်ဘၣ် - ☐
ဆူၣ်ချ့တၢ်ကူၤတၢ်အိၣ်သးခဲအံၤအိၣ်တမံၤမံၤခါ -	တအိၣ်ဘၣ် - ☐
တၢ်လၢကဘၣ်ဆိကမိၣ် ဘၣ်ဃးဒီး သးအဆူၣ်ချ့တၢ်ဟူးဂဲၤ အိၣ်တမံၤမံၤခါ -	တအိၣ်ဘၣ် - ☐
တၢ်ဂ့ၢ်တၢ်ကျိၤအဂၤလၢ ကမၤစၢၤပုၤဒ်သိး ကတိစၢၤမၤစၢၤနဖီ ဂ့ၤဒိၣ်ထီၣ်အဂီၢ် -	တအိၣ်ဘၣ် - ☐

ဝံသးစူၤကွဲးန့ၢ်မၤပုၤတၢ်နီၤဖးလၢလံာ်အံၤတက့ၢ်. တမ့ၢ်နကဒီးန့ၢ်ဘၣ် တၢ်ဃုအဘူးအလဲလံာ်ဘၣ်.

ဆူၣ်ချ့တၢ်အုၣ်ကီၤ - ☐ Oregon Health Plan (OHP) / Medicaid ID# _____ ☐ မဲဆူၣ်ချ့တၢ်အုၣ်ကီၤခီပနံၣ် လၢအပူၤဖျဲးဒီးပဒိၣ်ပပုၤကရၢကရိတဖၣ် _____ ☐ ဆူၣ်ချ့တၢ်အုၣ်ကီၤတအိၣ်ဘၣ်	တၢ်တိစၢၤမၤစၢၤတဖၣ်အံၤမ့ၢ် အပူၤကလီန့ၢ်လီၤ.
ဒ်မိၢ်ပၢ်/ပုၤကွၢ်ထွဲဖိလၢအဖိးသဲးအသိး, ယတူၤလီၤဟ့ၣ်ခွဲး 24 လၢလၢ တၢ်ကဟ့ၣ်လီၤလီၤဒီးဟ့ၣ်ခီဟ့ၣ်နီၤ တၢ်ဂ့ၢ်တၢ်ကျိၤ ပၢ်ဃုဒီးကယိၣ်နီၤတဂၤဆူၣ်ချ့တၢ်ဂ့ၢ်တၢ်ကျိၤ, လၢပုၤဒၢန့ၢ်မဲကသံၣ်ကးတံာ်, ကိုအပူၤမၤတဖၣ်, ပုၤစိာ်တၢ်အုၣ်ကီၤတဖၣ်, ဖိသၣ်အမဲကသံၣ်သရၣ်, တၢ်ကဟ့ၣ်ကယိၣ်ကရၢကရိလၢအဘၣ်ထွဲမၤသကိးတၢ်တဖၣ်, ဒီး/မ့တမ့ၢ် တၢ်ကဟ့ၣ်ကယိၣ်မဲကရၢကရိ လၢအမၤနီၣ်တၢ်တဖၣ်အဘၣ်စၢၤန့ၢ်လီၤ. ယဒီးန့ၢ်ဘၣ် “နီၤတဂၤတၢ်ဂ့ၢ်န့ၢ်တၢ်မၤလုၢ်လံာ်တၢ်ဘိးဘၣ်သ့ၣ်ညါတဖၣ်” အလံာ်ကွဲးဒိတဘျီလဲန့ၢ်လီၤ. တၢ်မၤန့ၢ်သ့ နီၤတဂၤတၢ်ဂ့ၢ်န့ၢ်တၢ်မၤလုၢ်လံာ်တဖၣ်လၢ All Smiles Community Oral Health အပုၤယဲၤသန့ AllSmilesCOH.org/forms န့ၢ်လီၤ. ကွီဖိလၢအမၤလိမဲဆူၣ်ချ့ညါတဂၤ လၢကသံၣ်သရၣ်လၢအိၣ်ဒီးလံာ်အုၣ်သးတဂၤ အံၤကွၢ်န့ၢ်ကျဲးအိၤဘူးတၢ်တၢ်န့ၢ် ဘၣ်သ့ၣ်သ့ၣ်ကကူၤစါဘျါတၢ်လီၤန့ၢ် ယန့ၢ်ပၢ်ယဲၤလီၤ.	
မိၢ်ပၢ်/ပုၤကွၢ်ထွဲဖိအတၢ်ဆဲးလီၤမံၤ - _____ မုၢ်နံၤ - _____	

Permission Slip for Free Dental Services



Free dental screenings, sealant placements, and brushed-on fluoride are offered at your child's school. These services are done by dental care professionals and will help prevent cavities.

Name of Child: _____		
(Last)	(First)	(Preferred Name)
Child's Date of Birth (mm/dd/yy): ____ / ____ / ____ Teacher: _____ Grade: _____		
School: _____		

Check **ONE BOX** below to sign up for this free service:

- ☐ Yes, to screening, sealants and fluoride
- ☐ Yes, to screening and sealants
- ☐ Yes, to screening and fluoride
- ☐ Yes, to screening only

* NOTE: If more than one "yes" box is checked, all approved services will be provided.

☐ **NO, do not provide any dental services for my child**

Contact Information	
Parent/Guardian:	Preferred Language:
Best phone number to reach you:	Permission to Text: ☐ YES ☐ NO
Email address:	
Mailing address:	

Please provide the following information so we can better serve your child:

My child is taking (list medications):	None: ☐
My child is allergic to:	None: ☐
Any current medical conditions:	None: ☐
Any behavioral considerations:	None: ☐
Other information to help us better serve your child:	None: ☐

Please complete the section below. You will not receive a bill.

Health Insurance: ☐ Oregon Health Plan (OHP) / Medicaid ID# _____ ☐ Private dental insurance company _____ ☐ No health insurance	These services are FREE!
As the legal parent/guardian, I consent for 24 months to the release and sharing of information, including personal health information, between the dental sealant staff, school staff, insurance carriers, the child's dentist, applicable Coordinated Care Organization, and/or the Dental Care Organization of record. I have received a copy of "Notices of Privacy Practices," also available on the All Smiles Community Oral Health website AllSmilesCOH.org/forms . I understand that a dental student closely supervised by a licensed professional may provide treatment.	
Parent/Guardian Signature: _____ Date: _____	

နတၢ်အိၣ်ဆူၣ်အိၣ်ချအတၢ်ဂ့ၢ်တၢ်ကျိၤလၢတၢ်ဒီးသဒၢပံးအိၣ်အတၢ်ဘၣ်တၢ်ဘၢ,လၢတၢ်ကိးစ့ၢ်ကိးအမံၤဒ်နတၢ်ဆူၣ်တၢ်ဆါအတၢ်ကွဲးနီၣ်ကွဲးယါန့ၣ်တၢ်ပံးတၢ်အိၣ်သ့ၣ်တခါဖဲ

ၣ်ငူၤန့ၣ်ယသၢ်ကညၣ်အပူၤမံၣ်န့ၣ်လီၤ.တၢ်ဂ့ၢ်ကအိၣ်ဝဲဒၣ်တဘျီမံၤလၢဘၣ်တဘၣ်ပကလိၣ်သ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤအံၤမ့တမ့ၢ်ပံးဖျါတၢ်သ့ၣ်တဖၣ်အံၤဆူၣ်ပၤအဂၤအိၣ်န့ၣ်လီၤ. တၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ပံးဖီၣ်ဖံးမၤအကျိၤအကွၢ်အတၢ်ကွဲးသ့ၣ်ညါန့ၣ်တၢ်ဟ့ၣ်ထီၣ်လၢတၢ်ကဒုးသ့ၣ်ညါန့ၣ်လၢကျိၤကျဲးတဖၣ်လၢပသ့ၣ်အိၣ်သဒၢဒီးပျီၤလီၤတၢ်ဂ့ၢ်တၢ်ကျိၤလၢအအိၣ်လၢနတၢ်ဆူၣ်တၢ်ဆါအတၢ်ကွဲးနီၣ်ကွဲးယါအပူၤန့ၣ်လီၤ.လိာ်တကဘျီအံၤတမ့ၢ်တၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ပံးဖီၣ်ဖံးမၤအကျိၤအကွၢ်တဖၣ်အတၢ်ကွဲးသ့ၣ်ညါအလၢအပူၤတခါဘၣ်.တၢ်ကွဲးသ့ၣ်ညါအလၢအပူၤတခါတၢ်ကထုးထီၣ်ဟ့ၣ်ဖဲတၢ်မ့ၢ်ယုထီၣ်အိၣ်အခါလီၤ.လၢပတၢ်ဟ့ၣ်လီၤသးမၤတၢ်လၢအယၢ်အထၢလၢတၢ်ကဒီးသဒၢနတၢ်ဂ့ၢ်တၢ်ကျိၤတခါအမဲၣ်ညါ.မ့ၢ်အိၣ်ဝဲဒၣ်တနီၤလၢပကဘၣ်မၤအိၣ်ကီၢ်စ့ၢ်စ့ၢ်ဖှိၣ်အတၢ်သိၣ်တၢ်သိၣ်လီၤယၢ်ဝဲဒၣ်အသးန့ၣ်လီၤ.မ့ၢ်အကျိၤတခါန့ၣ်မ့ၢ်တၢ်ကဘၣ်ဟ့ၣ်န့ၣ်ဒီးတၢ်ကွဲးသ့ၣ်ညါတခါအံၤန့ၣ်လီၤ.

တၢ်လၢတၢ်ရဲၤပးအိၣ်လၢတၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ပံးဖီၣ်ဖံးမၤအကျိၤအကွၢ်တဖၣ်အတၢ်ကွဲးသ့ၣ်ညါအလၢအပူၤတခါပူၤန့ၣ်မ့ၢ်ဝဲ

- မ့ၢ်တၢ်ကသုဒီးနီၤဟ့ၣ်နတၢ်အိၣ်ဆူၣ်အိၣ်ချအတၢ်ဂ့ၢ်တၢ်ကျိၤလၢတအိၣ်ဒီးနတၢ်ပျဲလၢတၢ်က-
 - ဟ့ၣ်တၢ်ကူစါန့ၢ်
 - မၤန့ၢ်တၢ်အဘူးအလဲလၢတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢပဟ့ၣ်န့ၢ်န့ၢ်
 - ဟ့ၣ်ထီၣ်တၢ်ပံးဖျါတဖၣ်ဆူၣ်စ့ၢ်စ့ၢ်ဖှိၣ်,ကီၢ်စ့ၢ်ဒီးလီၤကဝီၤတၢ်ကရၢကရီၤဒီးအဂၤတဖၣ်ဖဲတၢ်သိၣ်တၢ်သိၣ်မ့ၢ်လိၣ်ဘၣ်တၢ်ပံးဖျါန့ၣ်တဖၣ်
 - မၤတၢ်ပံးဖျါတဖၣ်မ့တမ့ၢ်နီၤဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢကမျၢၢ်အတၢ်အိၣ်ဆူၣ်အိၣ်ချ.တၢ်ပူၤဖျါဒီး,မ့တမ့ၢ်တၢ်ယိထံသ့ၣ်ညါအတၢ်ပညိၣ်တဖၣ်အဂီၢ်န့ၣ်လီၤ.
- မ့ၢ်ပကသုဟ့ၣ်နီၤလီၤနတၢ်ဂ့ၢ်တၢ်ကျိၤလၢတအိၣ်ဒီးနတၢ်ပျဲအံၤလၢကျဲးလဲၣ်,သနၣ်ကုထဲဒၣ်ဖဲပဟ့ၣ်န့ၢ်ဒီးတၢ်ခွဲးတၢ်ယၢ်လၢတၢ်ကသမၤအိၣ်-
 - လၢတၢ်ကနီၤဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤဘၣ်ယးန့ၢ်ဆူၣ်ဟံၣ်ဖီၣ်ဖံး,တၢ်သကိးတဖၣ်,မ့တမ့ၢ်ပၤအဂၤတဖၣ်လၢအပံးယုၣ်လၢတၢ်ကွၢ်ထွဲကဟ့ၣ်ယၢ်န့ၢ်လၢတၢ်ဟ့ၣ်ဘူးလဲလၢတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤလၢနဒီးန့ၢ်ဘၣ်အိၣ်န့ၣ်လီၤ
 - လၢတၢ်ကနီၤဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤဖဲတၢ်ကထုးထီၣ်အသးဒ်အမ့ၢ်တၢ်တတၢ်တနီၤလၢတၢ်ကဒုးသ့ၣ်ညါန့ၣ်ဟံၣ်ဖီၣ်ဖံးဒီးနတၢ်သကိးတဖၣ်လၢနအိၣ်တၢ် လီၤဖဲလဲၣ်ဒီးနထီၣ်ရီၤတၢ်အိၣ်သးအဂ့ၢ်အကျိၤန့ၣ်လီၤ
- မ့ၢ်ပသုဒီးနီၤဟ့ၣ်နတၢ်ဆူၣ်တၢ်ဆါအတၢ်ဂ့ၢ်တၢ်ကျိၤသ့ၣ်လၢအအိၣ်ဒီးနတၢ်ပျဲလၢတၢ်ကထုးဖျါထီၣ်တၢ်ဆူၣ်အဂၤလၢအအါန့ၢ်ဒီးတၢ်လၢတၢ်ပံးဖျါလီၤ. လၢထးဒ်လဲၣ်.
- နသဲစးတၢ်ခွဲးတၢ်ယၢ်တဖၣ်လၢအအိၣ်လၢကီၢ်စ့ၢ်စ့ၢ်ဖှိၣ်တၢ်သဒံၣ်သဒၢအတၢ်သိၣ်တၢ်သိၣ်တဖၣ်အဖီလၢပံးယုၣ်နတၢ်ခွဲးတၢ်ယၢ်လၢတၢ်က-
 - ယုန့ၢ်လၢတၢ်ကထံၣ်ဒီးမၤန့ၢ်နတၢ်ဆူၣ်တၢ်ဆါအတၢ်ဂ့ၢ်တၢ်ကျိၤအလံာ်ကွဲးဒီး
 - ယုန့ၢ်လၢတၢ်ကမၤဘၣ်,မၤပုၤက့ၤနတၢ်ဆူၣ်တၢ်ဆါအတၢ်ဂ့ၢ်တၢ်ကျိၤလၢအတလၢတပုၤမ့တမ့ၢ်တဘၣ်တဖၣ်
 - ယုန့ၢ်စ့ၢ်တခါလၢတၢ်လီၤတဖၣ်လၢပဆူၢ်နတၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ်မ့တမ့ၢ်ဘၣ်လၢတၢ်ဆူၢ်အိၣ်လၢတအိၣ်ဒီးနတၢ်ပျဲ,လၢတၢ်ဟ့ၣ်အလဲ, တၢ်ကူစါယါဘျီမ့တမ့ၢ်တၢ်အိၣ်ဆူၣ်အိၣ်ချအတၢ်ကွၢ်ထွဲကဟ့ၣ်ယၢ်အတၢ်ဖံးတၢ်မၤတဖၣ်အဂီၢ်
 - ယုန့ၢ်လၢတၢ်ကပံးပနီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢပသုအိၣ်မ့တမ့ၢ်ပနီၤဟ့ၣ်အိၣ်လၢတၢ်ကူစါယါဘျီအဂီၢ်,တၢ်ဟ့ၣ်အလဲ,မ့တမ့ၢ်တၢ်အိၣ်ဆူၣ်အိၣ်ချအတၢ်ကွၢ်ထွဲကဟ့ၣ်ယၢ်အတၢ်ဖံးတၢ်တဖၣ်,မ့တမ့ၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢပနီၤဟ့ၣ်လီၤသးဒီးဟံၣ်ဖီၣ်ဖံးတဖၣ်မ့တမ့ၢ်ပၤအဂၤတဖၣ်လၢအပံးယုၣ်လၢတၢ်ကွၢ် ထွဲကဟ့ၣ်ယၢ်န့ၢ်အပူၤန့ၣ်လီၤ.ပတလိၣ်တူၢ်လီၤနတၢ်ယုထီၣ်ဘၣ်န့ၣ်လီၤ
 - တၢ်ယုန့ၢ်လၢတၢ်ကဆဲးကျိးဆဲးကျိးန့ၢ်လၢတၢ်န့ၣ်သ့ၣ်အက့ၢ်အဂီၢ်အပူၤ
 - ယုန့ၢ်တၢ်ကဒုးသ့ၣ်ညါဘၣ်ယးတၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ပံးဖီၣ်ဖံးမၤအကျိၤအကွၢ်တဖၣ်အလံာ်အိၣ်လၢလံာ်အက့ၢ်အဂီၢ်တဘျီသ့ၣ်ဒ်တဘျီလၢ လၢ
 - ဘၣ်တၢ်ကဒုးသ့ၣ်ညါန့ၢ်ဒီးတၢ်ဂ့ၢ်တၢ်အိၣ်သးလၢတၢ်လူၤသ့ၣ်ခါပတၢ်တခါလၢအတပူၤတဖျါ,တၢ်မၤကမၢ်တၢ်အိၣ်ဆူၣ်အိၣ်ချအတၢ်ဂ့ၢ်တၢ်ကျိၤလၢတၢ်ဒီး သဒၢယၢ်အိၣ်မ့ၢ်ကထီၣ်အခါ
 - တီၣ်ထီၣ်တၢ်ကန့ၢ်တၢ်ခါဖဲနဆိကမိၣ်လၢနတၢ်အိၣ်သဒံၣ်သဒၢအခွဲးအယၢ်တဖၣ်တၢ်လူၤသ့ၣ်ခါပတၢ်အိၣ်အခါ
 - တၢ်ထုးထီၣ်ဟ့ၣ်လၢကစၢ်အထၢပူၤလၢတၢ်အိၣ်ဆူၣ်အိၣ်ချအတၢ်ကွၢ်ထွဲကဟ့ၣ်ယၢ်အပိးအလိမ့တမ့ၢ်လၢတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤလၢတၢ်ပံးဖျါလီၤအဆိဆိဆူၣ်နတၢ်အိၣ်ဆူၣ်အိၣ်ချအ တၢ်ရဲၣ်တၢ်ကျိၤအပူၤဟ့ၣ်တၢ်အအိၣ်

SUMMARY OF NOTICE OF PRIVACY PRACTICES

The confidentiality of your protected health information, also called your medical record, is a high priority at All Smiles Community Oral Health. There are a number of reasons we may need to use this information or disclose it to others. This Notice of Privacy Practices is provided to inform you of the ways we can use and release information from your medical record. THIS PAGE IS NOT THE FULL NOTICE OF PRIVACY PRACTICES. The full notice is available upon request. In addition to our longstanding commitment to protecting your information, there are certain obligations we have under federal law. One of those obligations is to provide you with this Notice.

THINGS EXPLAINED IN THE FULL NOTICE OF PRIVACY PRACTICES

- **How we may use and share your health information without your permission to:**
 - Provide treatment to you.
 - Get paid for the services we provide to you.
 - Make reports to federal, state, and local agencies and others when the law requires such reporting.
 - Make reports or share information for public health, safety, and/or research purposes.
- **How we can share your information without your permission, but only if we give you a chance to object:**
 - To share information about you to family, friends, or others involved in your care for payment for the services you receive.
 - To share information in case of a disaster to let your family and friends know where you are and your general condition.
- **How we can use and share your medical information only with your permission for disclosures other than those described above.**
- **Your legal rights under federal privacy laws include your right to:**
 - Ask to see and copy your medical information.
 - Ask that incorrect or incomplete information in your medical information be corrected.
 - Ask for a list of the places we have sent your information unless it was sent with your permission, for payment, treatment, or health care operations.
 - Ask that we limit the information we use or share for treatment, payment, or healthcare operations, or the information we share with family members or others involved in your care. We are not required to agree to your request.
 - Ask that we communicate with you in a confidential manner.
 - Ask for a paper copy of the Notice of Privacy Practices at any time.
 - Be notified in the event of a breach of unsecured, protected health information.
 - File a complaint if you think your privacy rights have been violated.
 - Pay out of pocket in full for a healthcare item or service and restrict disclosure of that particular item or service to your health plan provider.