all smiles
community oral health

တ၀်ဖူဖလီရဲးလၢမဲအဆူဉ်အချုအဂီ၀်

ဘ်စသမအညေအဝံသးစူၤဆ့ၢကဒါက့ၤတ၀်ဟ့ဉ်တ၀်ပျဲလၢတ၀်ဆဲးလီၤဃာ်မံၤအလံာ်က့လၢတ၀်ကသူဝဲဒဉ်တ၀်မၤစၢၤအတ၀်ဖံးတ၀်မၤလၢအကလီတခါအံၤတက့၀်.

ဝံသးစူၤဆ့ၢကဒါက့ၤတ၀်ဟ့ဉ်တ၀်ပျဲလၢတ၀်ဆဲးလီၤဃာ်မံၤအလံာ်က့လၢတ၀်ကသူဝဲဒဉ်တ၀်မၤစၢၤအတ၀်ဖံးတ၀်မၤလၢအ

ကလီတခါအံၤတက့၀်.

တ၀်ဖူန့၀်ဖလီရဲးမဲကသံဉ်ဒီးမဲတ၀်ကွ၀်သမံသမိးအတ၀်မၤလၢတလိဉ်ဟ့ဉ်အပှၤတဖဉ်တ၀်ဟ့ဉ်အိၤလၢနဖိအကိုန့ဉ်လီၤ. မဲအတ၀်သမံသမိးမၤကွ၀်မ့၀်တ၀်ကွ၀်နှ့၀်တ၀်အချုတခါလၢနဖိအကိာ်ပူၤလၢတ၀်ကကွ၀်အမဲဒီတခါအတ၀်အိဉ်ဆူဉ်အိဉ်ချန့ဉ်လီၤ.တ၀်ဖူန့၀်ဖလီရဲးမဲကသံဉ်နှ့ဉ်မ့၀်တ၀်ဒီသဒၢကးဘၢန့၀်ဝဒဉ်မဲတဖဉ်နှ့ဉ်လၢ.

လၢတ၀်ဂ့၀်တ၀်ကျိၤဆူညါအဂီ၀်,ဝံသးစူၤကိးဘဉ်ပှၤဖဲ ၅၀၃-၅၂၁-၇၁၆၆တက့၀်.
503-521-7166.

တ၀်လၢနလိဉ်သ့ဉ်ညါ–

- တ၀်ဖူန့၀်ဖလီရဲးမဲကသံဉ်နှ့ဉ်မ့၀်တ၀်လၢအပူၤဖျဲးဒီးအချုတခါလၢတ၀်ကဒီသဒၢမဲဒ်သိးအပူၤတအိဉ်တဂ့ၤအဂီ၀်လၢ.
- တ၀်ဖူန့၀်ဖလီရဲးမဲကသံဉ်နှ့ဉ်တမၤဘဉ်ဒိတ၀်ဘဉ်.
- တ၀်သမံသမိးမၤကွ၀်ဒီးတ၀်ဖူဖလီရဲးမဲကသံဉ်နှ့ဉ်ဘဉ်တ၀်မၤအိၤခီဖျိမဲအပှၤကွ၀်ထွဲတ၀်စဲဉ်နီၤတဖဉ်နှ့ဉ်လီၤ.

ဟ်ဃာ်တ၀်နံၤကမှံလၢအဆူဉ်အချုတခါတက့၀်

- ထူးမဲဒီးမၤကဆဲကဆိမဲကဆူးတဖဉ်ကိးနံၤဒဲးတက့၀်.
- သူဘဉ်ဖလီရဲးကသံဉ်ထူးမဲလၢအထဲသိးဒီးဟုသးတဖျာဉ်တက့၀်.
- ယုထၢကိဉ်ဖိနိဖိလၢအဆူဉ်အချုလၢအဒိမ့၀်ဒ်သိးတၤသူတၤသဉ်ဒီးတ၀်ဒီးတ၀်လဉ်တဖဉ်တက့၀်.
- ကျဲစၢးအိထံလၢတၤသူတၤသဉ်ထံအလိ၀်တက့၀်.
- ဖိသဉ်ဆံးအခါမဲလၢအဆူဉ်အချုန့ဉ်ကမၤစၢၤဒိသဒၢမဲအတ၀်ကိတ၀်ခဲဖဲဒိဉ်တ့ဉ်ခိဉ်ပှဲၤအခါလီၤ.
- ထံဉ်လိာ်ဘဉ်နသးဒီးမဲကသံဉ်သရဉ်အစုၤကတ၀်တနံဉ်တဘျိတက့၀်.

all smiles
community oral health

Fluoride Varnish for Healthy Teeth

Important: Please return a signed permission slip to use this free service.

Free fluoride varnish and dental screenings are offered at your child's school!

A dental screening is a quick look inside your child's mouth to check the overall health of their teeth. Fluoride varnish is a protective coating brushed on the teeth.

For more information, please call us at **503-521-7166.**

What you need to know:

- Fluoride varnish is a safe and quick way to protect teeth from cavities.
- Fluoride varnish does not hurt.
- Screenings and fluoride varnish are done by dental care professionals.

Keeping a healthy smile:

- Brush and floss every day.
- Use fluoride toothpaste the size of a grain of rice.
- Choose healthy snacks such as fruits and vegetables.
- Try drinking water over juice.
- Healthy baby teeth will help prevent problems in adult teeth.
- See a dentist at least once a year.

Revised May 2023

တၢ်သမံသမိးမၤကွၢ်မဲ/တၢ်ဖျူးန့ၢ်ဖလီရဲးကသံဉ် လၢအပှၤကလိတၢ်ရဲဉ်တၢ်ကျဲၤ အလံာ်ပျဲဖိုတာ်

တၢ်သမံသမိးမၤကွၢ်မဲ ဒီးတၢ်ဖျူးန့ၢ်ဖလီရဲးတၢ်တိစၢၤမၤစၢၤတဖဉ် လၢအပှၤကလိန့ဉ် အခဲအံၤတၢ်ဟ့ဉ်လီၤအီၤလၢ နဖိအကိုးန့ဉ်လီၤ. တၢ်ဖျူလီၤဖလီရဲးကသံဉ်အံၤမ့ၢ်ကျိၤကျဲလၢအညီဒီးအချ့တဘိ လၢတၢ်ကဒီသဒၢမဲ ဒ်သိးအပူၤသုတအိဉ်တဂ့ၤအဂီၢ်လီၤ. တၢ်သမံသမိးမၤကွၢ် ဒီးတၢ်ဖျူးန့ၢ်ဖလီရဲးကသံဉ်န့ဉ် ဘဉ်တၢ်မၤအီၤခီဖြိ မဲကသံဉ်သရဉ်စဉ်နီၤတဖဉ် တနံဉ်လွံၢ်ဘျိန့ဉ်လီၤ.

ဖိသဉ်အမံၤ - _____

(မံၤကတၢ်) (မံၤခိဉ်ထံး) (မံၤလၢအဘဉ်သး)

ဖိသဉ်အိဉ်ဖျဲဉ်မ့ၢ်နံၤ (လါ/နံၤ/နံဉ်) - _____ /_____ /_____

ကို - _____

တၢ်သမံသမိးမၤကွၢ်မဲ - တၢ်ကွၢ်နုာ်အချ့တခါလၢကိာ်ပူၤ လၢတၢ်သမံသမိးမဲအတၢ်အိဉ်ဆူဉ်အိဉ်ချ့ ဒီတခါညါန့ဉ်လီၤ.

☐ မ့ၢ် ☐ တမ့ၢ်

တၢ်ဖျူဖလီရဲးကသံဉ်- တၢ်ဖျူလီၤအီၤလၢမဲအလိၤ လၢတၢ်ကဒီသဒၢမဲအပူၤတဖဉ်.

☐ မ့ၢ် ☐ တမ့ၢ်

မ့မ့ၢ်တခီ, ဝံသးစူၤမၤပှဲၤအီၤ ဒီးဆဲးလီၤမံၤလၢလာ်တက့ၢ်.

တၢ်ဆဲးကျိုးအဂ့ၢ်အကျိၤ	
မိၢ်ပၢ်/ပှၤကွၢ်ထွဲဖိအမံၤ -	ကျိာ်လၢအသးလီ-
လီတဲစိနိဉ်ဂံၢ်အဂ့ၤကတၢ်၊ လၢကဆဲးကျိုးနၤအဂီၢ် -	တၢ်ဟ့ဉ်ပျဲလၢကဆှၤလံာ်အဂီၢ် - ☐ဟ့ဉ်တၢ်ပျဲလီၤ☐တဟ့ဉ်တၢ်ပျဲဘဉ်
အံမ့(လ)	
လီၢ်ဆိးထံးလၢတၢ်ဆှၤလံာ်ပရၢအဂီၢ် -	

ဝံသးစူၤဟ့ဉ်ဘဉ် တၢ်ဂ့ၢ်တၢ်ကျိၤလၢအဟိာ်ထွဲထိဉ်အခံဒ်သိး ပတိစၢၤမၤစၢၤနဖိကသ့ ဂ့ၤဒိဉ်နှဉ်တက့ၢ် -

ယဖိန့ဉ်အီဝဲ (ကွဲးရဲဉ်လီၤကသံဉ်ကသိတဖဉ်) -	တအိဉ်ဘဉ် - ☐
ယဖိန့ဉ်တဘဉ်လိာ်သးဒီး -	တအိဉ်ဘဉ် - ☐
ဆူဉ်ချ့တၢ်ကူစါတၢ်အိဉ်သးခဲအံၤအိဉ်တမံၤမံၤဧါ -	တအိဉ်ဘဉ် - ☐
တၢ်လၢကဘဉ်ဆိကမိဉ် ဘဉ်ဃးဒီးသးအဆူဉ်ချ့တၢ်ဟူးဂဲၤ အိဉ်တမံၤမံၤဧါ -	တအိဉ်ဘဉ် - ☐

ဝံသးစူၤကွဲးနုာ်မၤပှဲၤတၢ်နီၤဖးလၢလာ်အံၤတက့ၢ်. တမ့ၢ်နကဒီးန့ၢ်ဘဉ် တၢ်ဃ့အဘူးအလဲလံာ်ဘဉ်.

ဆူဉ်ချ့တၢ်အုဉ်ကီၤ - ☐ Oregon Health Plan (OHP) / Medicaid ID# _____ ☐ မဲဆူဉ်ချ့တၢ်အုဉ်ကီၤခီဖနံာ် လၢအပူၤဖျဲးဒီးပဒိဉ်ပပှၤ်ကရၢကရိတဖဉ် _____ ☐ ဆူဉ်ချ့တၢ်အုဉ်ကီၤတအိဉ်ဘဉ်	တၢ်တိစၢၤမၤစၢၤအံၤတဖဉ်မ့ၢ် **အပှၤကလိန့ဉ်လီၤ.**

ဒ်မိၢ်ပၢ်/ပှၤကွၢ်ထွဲဖိလၢအဖိးသဲစးအသိး, ဖဲအံၤယတူၤလိာ်ဟ့ဉ်ခွဲး လၢတၢ်ကဟ့ဉ်လီၤရၤလီၤဒီးခီလဲတၢ်ဂ့ၢ်တၢ်ကျိၤ, ပဒ်ဃုာ်ဒီးကယ်ာ်နီၢ်တဂၤဆူဉ်ချ့တၢ်ဂ့ၢ်တၢ်ကျိၤ, ဘဉ်ထွဲဒီးတၢ်တိစၢၤမၤစၢၤတဖဉ်လၢဘဉ်တၢ်ဟ့ဉ်အီၤ, လၢမဲပှၤမၤတၢ်ဖိ, Head Start အပှၤမၤတၢ်ဖိ, နဖိအခါဆူညါအကိုလိၢ်ကဝီၤ မ့တမ့ၢ်, ESD, ပှၤစိာ်တၢ်အုဉ်ကီၤတဖဉ်, ဖိသဉ်အမဲကသံဉ်သရဉ်, တၢ်ကဟုကယာ်ကရၢကရိလၢအဘဉ်ထွဲမၤသကိးတၢ်တဖဉ်, ဒီး/မ့တမ့ၢ်, တၢ်ကဟုကယာ်မဲကရၢကရိ လၢအမၤနီဉ်တၢ်တဖုအဘၢဉ်စၢၤန့ဉ်လီၤ. ယဒိးန့ၢ်ဘဉ်တၢ်ကွဲးဒိဘဉ်ထွဲဒီး "နီၢ်တဂၤတၢ်ဂ့ၢ်ခူသူဉ်တၢ်မၤလုၢ်လၢ်တၢ်ဘိးဘဉ်သ့ဉ်ညါတဖဉ်" လံန့ဉ်လီၤ. နီၢ်တဂၤတၢ်ဂ့ၢ်ခူသူဉ်တၢ်မၤလုၢ်လၢ်တဖဉ် တၢ်မၤန့ၢ်အီၤသ့လၢ All Smiles Community Oral Health အဟ့ာ်ယဲၤသန့ AllSmilesCOH.org/formsန့ဉ်လီၤ. ယန်ပၢ်စ့ၢ်ကီးလၢ မဲအတၢ်ကဆဲကဆီ မ့တမ့ၢ်, ပှၤကွၢ်ပှၤဆါ အကိုဖိလၢ ဘဉ်တၢ်ဟ့ဉ်ကူဉ်ဟ့ဉ်ဖးအီၤဘူးဘူးတၢ်တံၢ်လၢ မဲကသံဉ်သရဉ်စဉ်နီၤလၢအလဲးစ့ဉ်အိဉ်တဂၤ ကကူစါယါဘျါတၢ်နှဉ်လီၤ.

မိၢ်ပၢ်/ပှၤကွၢ်ထွဲဖိ အတၢ်ဆဲးလီၤမံၤ -နံၤသီ - _____ **မ့ၢ်နံၤ-** _____

Внимание: эта форма доступна на русском языке по адресу AllSmilesCOH.org/forms
Chú ý: Mẫu này có sẵn bằng tiếng Việt tại tại nha AllSmilesCOH.org/forms
注意：此表格可通過以下網址獲得中文版本：AllSmilesCOH.org/forms

Free Dental Screening/Fluoride Varnish Program Permission Slip

Free dental screenings and fluoride varnish services are now offered at your child's school. Fluoride varnish is a quick and easy way to protect teeth from cavities. The screening and fluoride varnish are done by dental care professionals up to four times a year.

Child's Name: _____
(Last) (First) (Preferred Name)

Child's Date of Birth (mm/dd/yy): _____ /_____ /_____

School: _____

Dental Screening: A quick look inside the mouth to check the overall health of teeth.

☐ YES ☐ NO

Fluoride Varnish: Applied to teeth to prevent cavities.

☐ YES ☐ NO

If Yes, Please Complete and Sign Below:

Contact Information	
Parent/Guardian Name:	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 problems:	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 hereby consent to the release and exchange of information, including any relevant personal health information regarding the services provided, between the dental staff, Head Start staff, your child's future school district or ESD, 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." Privacy Practices are available on the All Smiles Community Oral Health website AllSmilesCOH.org/forms. I also understand a dental hygiene or nursing student closely supervised by a licensed dental professional may provide treatment.

Parent/Guardian Signature:_____ Date: _____

Внимание: эта форма доступна на русском языке по адресу AllSmilesCOH.org/forms
Chú ý: Mẫu này có sẵn bằng tiếng Việt tại tại nha AllSmilesCOH.org/forms
注意：此表格可通過以下網址獲得中文版本: AllSmilesCOH.org/forms

Revised May 2024

တၢ်အိၣ်သဒၢီအိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွာ်အတၢ်ကွဲးဖှိၣ်

နတၢ်အိၣ်ဆူၣ်အိၣ်ချ့အတၢ်ဂ့ၢ်တၢ်ကျိၤလၢတၢ်ဒိသဒၢဟ်အီၤအတၢ်ဘံၣ်တၢ်ဘၢ,လၢတၢ်ကိးစ့ၢ်ကီးအမံၤဒ်နတၢ်ဆူးတၢ်ဆါအတၢ်ကွဲးနိၣ်ကွဲးဃါန့ၣ်တၢ်ဟ်ဒ်တၢ်အခိၣ်သ့ၣ်တခါဖဲ

ၣ်ၵူနျုဃသ်ၥ်ကညၢအေပ့မၣ်ုနၵူအ့န့ၣ်လီၤ.တၢ်ဂ့ၢ်ကအိၣ်ဝဲဒၣ်တဘျုးမံၤလၢဘၣ်တဘၣ်ပကလိၣ်သူတၢ်ဂ့ၢ်တၢ်ကျိၤအံၤမ့တမ့ၢ်ဟ်ဖျါတၢ်သ့ၣ်တဖၣ်အံၤဆူပှၤအဂၤအအိၣ်န့ၣ်လီၤ. တၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွာ်အတၢ်ဒုးသ့ၣ်ညါန့ၣ်တၢ်ဟ့ၣ်ထိၣ်လၢတၢ်ကဒုးသ့ၣ်ညါနၤလၢကျိၤကျဲတဖၣ်လၢပသူအီၤသ့ဒီးပျ့ၢ်လီၤတၢ်ဂ့ၢ်တၢ်ကျိၤလၢအအိၣ်လၢနတၢ်ဆူးတၢ်ဆါအတၢ်ကွဲးနိၣ်ကွဲးဃါအပူၤန့ၣ်လီၤ.လံာ်တကဘျံးအံၤတမ့ၢ်တၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွာ်တဖၣ်အတၢ်ဒုးသ့ၣ်ညါအလၢအပှဲၤတခါဘၣ်.တၢ်ဒုးသ့ၣ်ညါအလၢအပှဲၤတခါတၢ်ကထုးထိၣ်ဟ့ၣ်ဖဲတၢ်မ့ၢ်ဃ့ထိၣ်အီၤအခါလီၤ.လၢပတၢ်ဟ့ၣ်လီၤသးမၤတၢ်လၢအယံာ်အထၢလၢတၢ်ကဒိသဒၢနတၢ်ဂ့ၢ်တၢ်ကျိၤတခါအမဲာ်ညါ,မူဒါအိၣ်ဝဲဒၣ်တနီၤလၢပကဘၣ်မၤအီၤဒ်ကီၢ်စဲၣ်စၢဖှိၣ်အတၢ်သိၣ်တၢ်သီဟ်လီၤဃာ်ဝဲဒၣ်အသိးန့ၣ်လီၤ.မူဒါအကျါတခါန့ၣ်မ့ၢ်တၢ်ကဘၣ်ဟ့ၣ်နၤဒီးတၢ်ဒုးသ့ၣ်ညါတခါအံၤန့ၣ်လီၤ.

တၢ်လၢတၢ်ရဲပွးအီၤလၢတၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွာ်တဖၣ်အတၢ်ဒုးသ့ၣ်ညါအလၢအပှဲၤတခါပူၤန့ၣ်မ့ၢ်ဝဲ

- **မ့ၢ်တၢ်ကသူဒီးနီၤဟ့ၣ်နတၢ်အိၣ်ဆူၣ်အိၣ်ချ့အတၢ်ဂ့ၢ်တၢ်ကျိၤလၢတအိၣ်ဒီးနတၢ်ပျဲလၢတၢ်က–**
  - ဟ့ၣ်တၢ်ကူစါနၤ
  - မၤန့ၢ်တၢ်အဘူးအလဲလၢတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢပဟ့ၣ်န့ၢ်နၤ
  - ဟ့ၣ်ထိၣ်တၢ်ဟ်ဖျါတဖၣ်ဆူကီၢ်စဲၣ်စၢဖှိၣ်,ကီၢ်စဲၣ်ဒီးလိၢ်ကဝီၤတၢ်ကရၢကရိဒီးအဂၤတဖၣ်ဖဲတၢ်သိၣ်တၢ်သီမ့ၢ်လိၣ်ဘၣ်တၢ်ဟ်ဖျါဒ်န့ၣ်တဖၣ်
  - မၤတၢ်ဟ်ဖျါတဖၣ်မ့တမ့ၢ်နီၤဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢကမျၢ်အတၢ်အိၣ်ဆူၣ်အိၣ်ချ့,တၢ်ပူၤဖျဲးဒီး,မ့တမ့ၢ်တၢ်ဃိထံသ့ၣ်ညါအတၢ်ပညိၣ်တဖၣ်အဂီၢ်န့ၣ်လီၤ.

- **မ့ၢ်ပကသ့ဟ့ၣ်နီၤလီၤနတၢ်ဂ့ၢ်တၢ်ကျိၤလၢတအိၣ်ဒီးနတၢ်ပျဲအံၤလၢကျဲဒ်လဲၣ်,သနာ်က့ထဲဒၣ်ဖဲပဟ့ၣ်နၤဒီးတၢ်ခွဲးတၢ်ယာ်လၢတၢ်ကသမၢအီၤ–**
  - လၢတၢ်ကနီၤဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤဘၣ်ဃးနၤဆူနဟံၣ်ဖိဃီဖိ,တံၤသကိးတဖၣ်,မ့တမ့ၢ်ပှၤအဂၤတဖၣ်လၢအဟ်ဃုာ်လၢတၢ်ကွၢ်ထွဲကဟုကယာ်နၤလၢတၢ် ဟ့ၣ်ဘူးလဲလၢတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤလၢနဒိးန့ၢ်ဘၣ်အီၤန့ၣ်လီၤ
  - လၢတၢ်ကနီၤဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤဖဲတၢ်ကဲထိၣ်အသးဒ်အမ့ၢ်တၢ်တတၢၣ်တနါလၢတၢ်ကဒုးသ့ၣ်ညါနဟံၣ်ဖိဃီဖိဒီးနတံၤသကိးတဖၣ်လၢနအိၣ်တၢ် လိၢ်ဖဲလဲၣ်ဒီးနထိရီၤတၢ်အိၣ်သးအဂ့ၢ်အကျိၤန့ၣ်လီၤ

- **မ့ၢ်ပသူဒီးနီၤဟ့ၣ်နတၢ်ဆူးတၢ်ဆါအတၢ်ဂ့ၢ်တၢ်ကျိၤသ့ထဲဒၣ်လၢအအိၣ်ဒီးနတၢ်ပျဲလၢတၢ်ကထုးဖျါထိၣ်တၢ်ဆူပှၤအဂၤလၢအအါန့ၢ်ဒံးတၢ် လၢတၢ်ဟ်ဖျါလီၤ လၢထးဒ်လဲၣ်.**

- **နသဲစးတၢ်ခွဲးတၢ်ယာ်တဖၣ်လၢအအိၣ်လၢကီၢ်စဲၣ်စၢဖှိၣ်တၢ်သဒံၣ်သဒၢအတၢ်သိၣ်တၢ်သီတဖၣ်အဖီလာ်ဟ်ဃုာ်နတၢ်ခွဲးတၢ်ယာ်လၢတၢ်က–**
  - ဃ့န့ၢ်လၢတၢ်ကထံၣ်ဒီးမၤန့ၢ်နတၢ်ဆူးတၢ်ဆါအတၢ်ဂ့ၢ်တၢ်ကျိၤအလံာ်ကွဲးဒိ
  - ဃ့န့ၢ်လၢတၢ်ကမၤဘၣ်,မၤပှဲၤက့ၤနတၢ်ဆူးတၢ်ဆါအတၢ်ဂ့ၢ်တၢ်ကျိၤလၢအတလၢတပှဲၤမ့တမ့ၢ်တဘၣ်တဖၣ်
  - ဃ့န့ၢ်စရီတခါလၢတၢ်လိၢ်တဖၣ်လၢပဆှၢန့ၢ်နတၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ်မ့တမ့ၢ်ဘၣ်လၢတၢ်ဆှၢအီၤလၢတအိၣ်ဒီးနတၢ်ပျဲ,လၢတၢ် ဟ့ၣ်အလဲ, တၢ်ကူစါယါဘျါမ့တမ့ၢ်တၢ်အိၣ်ဆူၣ်အိၣ်ချ့အတၢ်ကွၢ်ထွဲကဟုကယာ်အတၢ်ဖံးတၢ်မၤတဖၣ်အဂီၢ်
  - ဃ့န့ၢ်လၢတၢ်ကဟ်ပနီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢပသူအီၤမ့တမ့ၢ်ပနီၤဟ့ၣ်အီၤလၢတၢ်ကူစါယါဘျါအဂီၢ်,တၢ်ဟ့ၣ်အလဲ,မ့တမ့ၢ်တၢ်အိၣ်ဆူၣ်အိၣ်ချ့အတၢ် ကွၢ်ထွဲကဟုကယာ်အတၢ်ဖံးတၢ်တဖၣ်,မ့တမ့ၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢပနီၤဟ့ၣ်လိာ်သးဒီးဟံၣ်ဖိဃီဖိတဖၣ်မ့တမ့ၢ်ပှၤအဂၤတဖၣ်လၢအဟ်ဃုာ် လၢတၢ်ကွၢ် ထွဲကဟုကယာ်နၤအပူၤန့ၣ်လီၤ.ပတလိၣ်တူၢ်လိာ်နတၢ်ဃ့ထိၣ်ဘၣ်န့ၣ်လီၤ
  - တၢ်ဃ့န့ၢ်လၢတၢ်ကဆဲးကျိးဆဲးကျၢနၤလၢတၢ်ခူၣ်သူၣ်အကစၢ်အဂီၤအပူၤ
  - ဃ့န့ၢ်တၢ်ဒုးသ့ၣ်ညါဘၣ်ဃးတၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွာ်တဖၣ်အလံာ်အဒိလၢလံာ်အကစၢ်အဂီၤတဘ့ၣ်သ့ဝဲဒ ၣ်တဘျီလၢ် လၢ်
  - ဘၣ်တၢ်ဒုးသ့ၣ်ညါနၤဒီးတၢ်ဂ့ၢ်ဖဲတၢ်အိၣ်သးလၢတၢ်လူၤသ့ၣ်ခါပတာ်တခါလၢအတပူၤတဖျဲး,တၢ်မၤကမၣ်တၢ်အိၣ်ဆူၣ်အိၣ်ချ့အတၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်ဒိ သဒၢဃာ်အီၤမ့ၢ်ကဲထိၣ်အခါ
  - တိၣ်ထိၣ်တၢ်ကဒုးကဒ့ၢ်တခါဖဲနဆိကမိၣ်လၢနတၢ်အိၣ်သဒံၣ်သဒၢအခွဲးအယာ်တဖၣ်တၢ်လူၤသ့ၣ်ခါပတာ်အီၤအခါ
  - တၢ်ထုးထိၣ်ဟ့ၣ်လၢကစၢ်အထၢၣ်ပူၤလၢတၢ်အိၣ်ဆူၣ်အိၣ်ချ့အတၢ်ကွၢ်ထွဲကဟုကယာ်အပီးအလီမ့တမ့ၢ်လၢတၢ်မၤစၢၤအတၢ်ဖံး တၢ်မၤလၢ အပှ့ၤခဲလၢာ်အဂီၢ်ဒီးတၢ်ဖိၣ်ဃံးဃာ်တၢ်ဟ်ဖျါထိၣ်တၢ်အပီးအလီမ့တမ့ၢ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤလီၤလီၤဆီဆီဆူနတၢ်အိၣ်ဆူၣ် အိၣ်ချ့အ တၢ်ရဲၣ်တၢ်ကျဲၤအပှၤဟ့ၣ်တၢ်အအိၣ်

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.