

Patient Information			
Patient Information			
Name	Birthdate	Home Phone	Address
City	State	Zip	Social Security Number
Email Address	Marital Status	Sex	If Student, Name of School / College
City	State	Full Time	Part Time
Patient's or Parent's Employers	Work Phone	Business Address	City
State	Zip	Spouse or Parent's name	Employer
Work Phone	Birthdate	Person to contact in case of emergency	
Responsible party			
Is the Responsible Party someone other than the Patient?			
Name of person responsible for this account	Relationship to Patient	Address	Home Phone
Employer	Position	Work Phone	Social Security Number
Birthdate	Marital Status	Spouse's Name	Birthdate
Place of Employment Position	Work Phone	Social Security Number	Is the responsible party currently a patient in our office?
Emergency Information			
Name of nearest relative not living with you	Address	City	State
Phone			
I understand that where appropriate, credit bureau reports may be obtained.			
Signature and Date (Parent's Signature If Minor)			
Date			

Insurance			
Dental Insurance			
Does the patient have Dental Insurance?			
Name of insured	Relationship to Patient	Birthdate	Social Security Number
Name of Employer	Union of Local #	Work Phone	Address of Employer
City	State	Zip	Insurance Company
Group Number	Policy ID Number	Insurance Co. Address	City
State	Zip		
Secondary Dental Insurance			
Does the patient have Secondary Dental Insurance?			
Name of insured	Relationship to Patient	Birthdate	Social Security Number
Name of Employer	Union of Local #	Work Phone	Address of Employer
City	State	Zip	Insurance Company
Group Number	Policy ID Number	Insurance Co. Address	City
State	Zip		

Medical History

Medical Health History

Are you in good health?	Are you under a physician's care now?	Have you been examined by a physician within the past 12 months?	Your family physician's name
Are you taking any kind of medication at this time?	Do you have high blood pressure?		
Do you have, or have you had, any of the following illnesses?			
Allergies	Anemia	Asthma	Cancer
Diabetes	Heart Murmur	Heart Trouble	Hepatitis
HIV Positive	Kidney or Liver	Hip or Joint Replacement	Lung Disease/Emphysema
Tuberculosis	Rheumatic Heart	Have you ever had trouble with prolonged bleeding?	Have you ever had any unusual reaction to an anesthetic or drug (penicillin, aspirin, novocaine,) latex, etc.
List any allergies you have	Do you have any disease, condition, or problem not listed above that we should know about?	Have you ever had a serious or difficult problem associated with any previous dental work?	Purpose of this visit

For Women:

Are you taking birth control pills?	Are you pregnant?	Are you nursing?
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I understand that the information that I have given today is correct to the best of my knowledge.

I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical status.

I understand that payment is expected at time of service unless prior arrangements have been made. In the event this account has to be litigated the party signing agrees to pay reasonable attorney's fees and court costs.

Signature

Date

HIPAA

Carver, Stakias & Mather, P.C. is required by law to maintain the privacy of your health information and to provide individuals with notice of its legal duties in privacy practices with respect to health information. It is the intent of the practice to abide by the terms of the privacy notice currently in effect. However, recent changes to federal law (Omnibus final rule) have necessitated some amendments to our Privacy Policy.

All previous portions of the Privacy Policy given to our patients remain in effect. The following are additions mandated by the Omnibus final rule:

Breach Notification:

We have in place appropriate administrative technical and physical safeguards to protect and secure the privacy and security of your personal health information. We review these policies regularly and update as needed. Dental records are kept in a secure place within our practice regarding the paper records and our electronic dental records system is monitored and updated to address security risks in compliance with the HIPAA Security Rule. Only staff members who have a legitimate "need to know" are permitted to access your dental records and other projected health information. Our staff understands the legal and ethical obligations to protect your personal health information and that a violation of this NOTICE OF PRIVACY PRACTICES may result in disciplinary actions up to and including termination. If you should ever feel there has been a breach regarding your protected health information, please notify our practice immediately and an investigation will be opened. Likewise if our practice has any reason to think that any of your protected health information has been compromised, we will notify you within a reasonable amount of time.

Copies of Dental Records:

In addition to providing you or another dental practitioner or entity with a copy of your paper dental record, we will also, upon requests, provide an electronic copy of the dental record if available. A written request will be required.

Student Records:

The new Omnibus final rule states that student immunization records can now be released to schools without authorization as long as the immunizations are required by state law and we document a written or oral agreement to the release by parent or emancipated minor.

Deceased Information:

The new Omnibus final rule states that health information about a deceased patient is no longer protected fifty (50) years after his or her death. The new rule allows practices to disclose personal health information about a decedent to individuals who were involved in a patient's care or payment as long as such disclosure is not contrary to the patient's prior express preference.

Sell of Personal Health Information:

Our practice will not sell any of your personal health information.

Restrictions on Disclosure of Out-Of-Pocket Payments:

Our practice will not disclose your personal health information to any dental insurance plan or third party payor as long as you have paid for the health care item or service in full yourself.

Use of Personal Health Information or Marketing or Fundraising:

Our practice has no intention of utilizing your personal health information for marketing or fundraising activities. If a change in this policy should occur you will be notified. If the policy should change, all patients will have the right to "opt out" of having any personal health information utilized for marketing or fundraising purposes.

Research:

Our practice does not perform any research activities.

Patient Signature

Date