



PATIENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Birthdate _____ Age _____ Sex Male Female I prefer to be called _____
 S.S.N. _____ Home Phone _____ Cell _____
 Home Address _____
 City _____ State _____ Zip _____
 Marital Status: Married Single Separated Divorced Widowed Employer _____
 Preferred Dentist: Dr. Charles Hooper III Dr. Adam Crow No preference Preferred Hygienist _____
 Pharmacy Name _____ Pharmacy Phone # _____ Location _____

CONTACT INFORMATION

Primary Phone # _____ Work # _____ Other Phone # _____
 Email Address _____
 I would like to received appointment confirmations in the following via: Emails Text (you may choose both)

PRIMARY DENTAL INSURANCE INFORMATION

Name of Insured _____ Relationship to Patient: Self Spouse Child Other
 Insured DOB _____ ID# _____ Group # _____ Insured S.S.N. _____
 Insured Employer _____ Insurance Company _____
 Address _____ Address _____
 City, State, Zip _____ City, State, Zip _____
 Have you used any dental benefits this year? Yes No Rem. Benefits _____ Rem. Deduct. _____

SECONDARY DENTAL INSURANCE INFORMATION

Name of Insured _____ Relationship to Patient: Self Spouse Child Other
 Insured DOB _____ ID# _____ Group # _____ Insured S.S.N. _____
 Insured Employer _____ Insurance Company _____
 Address _____ Address _____
 City, State, Zip _____ City, State, Zip _____
 Have you used any dental benefits this year? Yes No Rem. Benefits _____ Rem. Deduct. _____

REASON FOR VISIT

What is your chief complaint today? _____ Last Dental Visit _____
 Who may we thank for referring you? _____
 Friend Family Coworker Website Social Media Google Workers Comp Other _____

Connect with us on social media to stay informed of office news, promotions, giveaways and more!





Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

- Are you under a physician's care now? Yes No If yes, please explain _____
- Have you ever been hospitalized or had a major operation? Yes No If yes, please explain _____
- Have you ever had a serious head or neck injury? Yes No If yes, please explain _____
- Are you taking any medications, pills or drugs? Yes No If yes, please explain _____
- Do you take, or have you taken, Phen-Fen or Redux? Yes No If yes, what? _____
- Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Yes No If yes, what? _____
- Are you on a special diet? Yes No If yes, what? _____
- Do you use tobacco? Yes No If yes, what? _____
- Do you use controlled substances? Yes No If yes, what? _____

Are you a woman who is... Pregnant/Trying to get pregnant Nursing Taking oral contraceptives

Are you allergic to any of the following?

- Aspirin Penicillin Codeine Acrylic Other _____
- Metal Latex Sulfa Drugs Local Anesthetics No Known Allergies

Do you have, or have you had any of the following?

- AIDS/HIV Positive Diabetes Hepatitis B or C Rheumatic Fever
- Alzheimer's Disease Drug Addiction Herpes Rheumatism
- Anaphylaxis Easily Winded High Blood Pressure Scarlet Fever
- Anemia Emphysema High Cholesterol Shingles
- Angina Epilepsy or Seizures Hives or Rash Sickle Cell Disease
- Arthritis/Gout Excessive Bleeding Hypoglycemia Sinus Trouble
- Artificial Heart Valve Excessive Thirst Irregular Heartbeat Spina Bifida
- Artificial Joint Fainting Spells/Dizziness Kidney Problems Stomach/Intestinal Disease
- Asthma Frequent Cough Leukemia Stroke
- Blood Disease Frequent Diarrhea Liver Disease Swelling of Limbs
- Blood Transfusion Frequent Headaches Low Blood Pressure Thyroid Disease
- Breathing Problems Genital Herpes Lung Disease Tonsillitis
- Bruise Easily Glaucoma Mitral Valve Prolapse Tuberculosis
- Cancer Hay Fever Osteoporosis Tumors or Growths
- Chemotherapy Heart Attack/Failure Pain in Jaw Joints Ulcers
- Chest Pains Heart Murmur Parathyroid Disease Venereal Disease
- Cold Sores/Fever Blisters Heart Pacemaker Psychiatric Care Yellow Jaundice
- Congenital Heart Disorder Heart Trouble/Disease Radiation Treatments
- Convulsions Hemophilia Recent Weight Loss
- Cortisone Medicine Hepatitis A Renal Dialysis

Have you ever had any serious illness not listed above? Yes No If yes, _____

Comments _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian _____

Date _____



Notice of Privacy Practices

Effective date: November 1, 2018

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Protected health information about you is obtained as a record of your contacts or visits for healthcare services with **East Brainerd Dentistry**. This information is called “protected health information” (i.e., name, address, phone, etc.) that may identify you and relate you to your past, present or future physical or mental health condition and related healthcare services.

East Brainerd Dentistry is required by law to maintain the privacy of protected health information and to follow the terms of this notice. This notice describes certain patient rights and how we use and disclose your protected health information to provide your treatment, obtain payment for services, receive and manage our health care operations and for other purposes that are permitted or required by law.

This notice has been drafted to be consistent with what is known as the Privacy Rule (45 CFR Parts 160 and 164) and any of the terms not defined in this notice should have the same meaning as they have in the Privacy Rule. We are also required to comply with any federal or state laws that impose stricter standards than the uses and disclosures described in this notice.

We reserve the right to change the terms of our notice, at any time. New versions of this notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with a revised notice of privacy practices.

YOUR RIGHTS UNDER THE PRIVACY RULE

You have the following rights regarding protected health information that we maintain about you. Please feel free to discuss any questions with our staff.

You have the right to receive and we are required to provide you with a copy of this notice of privacy practices by requesting a copy from our front desk at 423-892-8169. You have the right to obtain a paper copy of this notice at any time, even if you have already received an electronic notice.

You have the right to authorize other uses and disclosures. This means we will not use or disclose your protected health information other than as specified in this notice, unless you authorize the use or disclosure in writing. You may revoke an authorization at any time, in writing, except to the extent that our office has taken an action in reliance on the use or disclosure indicated in the authorization.

To exercise any of the rights below, you must submit a written request to our privacy manager at the address listed above.

You have the right to designate a personal representative. This means you may designate a person with the delegated authority to consent to, or authorize the use or disclosure of protected health information.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is used to make decisions about you, such as health and billing records. Your request may be denied for certain reasons permitted by applicable law.

You have the right to request a restriction of your protected health information. This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice of privacy practices. We may deny your request for a restriction.

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted and specify information on how payment will be handled.

You may have the right to have us amend your protected health information. This means you may request an amendment of your protected health information for as long as we maintain this information. In certain cases, we may deny your request for an amendment.



You have the right to request an accounting of certain disclosures. This means that you may request a listing of disclosures of protected health information that we have made, except for disclosures made for purposes of treatment, payment, health care operations or for other purposes excluded from the accounting requirement. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our front desk of your complaint at 423-892-8169. You will not be penalized for filing a complaint.

HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose protected information, consistent with the requirements of applicable law. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.

For Treatment – We may use protected health information to provide you with health care treatment or services. We may disclose your protected health information for purposes of treatment, which includes providing, coordinating, or managing your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your protected health information, as necessary, to a pharmacy that would fill your prescriptions.

For Payment – We may use or disclose your protected health information to obtain payment for our services. This may include certain activities that your dental insurance plan may undertake before it approves or pays for the dental care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services providing to you for dental necessity, and undertaking utilization review activities.

For Health Care Operations – We may use or disclose your protected health information in order to support the business activities of our practice. Health care operations include, but are not limited to, business planning and development, quality assessment and improvement, dental review arranging for legal services and auditing functions. It also includes education, provider credentialing, certification and underwriting, rating, or other insurance related activities. Additionally, it includes business administrative activities such as customer service, compliance with privacy requirements, internal grievances procedures, due diligence in connection with the sale or transfer of assets and creating de-identified information. We may also call you by name in the waiting room when your dentist is ready to see you.

For Treatment Alternatives and Appointment Reminders – We may use or disclose your protected health information to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. We may contact you to provide information about health related benefits and services offered by our office.

To Others Involved in Your Dental Care and for Disaster Relief Purposes – With your consent, we may disclose to a member of your family, a relative, or close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your dental care. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition or death. Further, we may use or disclose your protected health information to disaster relief agencies so they may assist in notifying those involved in your care of your location and general condition. If you are not present or able to agree or object in these rules or disclosures, then we may, using professional judgment, determine whether the disclosure is in the best interest. In this case, only the protected health information that is relevant to your dental care will be disclosed.

As Required by Law – We may use or disclose your protected health information to the extent that law requires the use or disclosure, including when disclosure is required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Privacy Rule.

For Public Health – We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

For Communicable Diseases – We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.



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For Health Oversight – We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

In Case of Abuse or Neglect – We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information.

For Legal Proceedings – We may disclose protected health information in the course of any judicial or administrative proceedings in response to an order of the court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

To Law Enforcement – We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

To Coroners, Medical Examiners and Funeral Directors – We may disclose protected health information to a coroner or medical examiner for identification purposes, determining causes of death for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to funeral directors, as authorized by law, in order to permit the funeral director to carry out their duties.

For Organ, Eye or Tissue Donation – We may use or disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

To Avert a Serious Threat to Health or Safety – We may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public. We may also disclose protected health information if it is necessary for the law enforcement authorities to identify or apprehend an individual.

For Military Activity and National Security – When the appropriate conditions apply, we may use or disclose protected health information of individuals who are armed forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the department of veterans affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military service. We may also release protected health information about you to authorized federal officials for intelligence, counterintelligence, to provide protection to the President, other authorized persons or foreign heads of state, to conduct special investigations and for other national security activities.

For Worker's Compensation – We may disclose your protected health information as authorized to comply with worker's compensation laws and other similarly legally established programs.

When an Inmate – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official, if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

For Research – Under certain circumstances, we may use and disclose protected health information about you for research purposes. All research projects, however, are subject to a special approval process. With your consent, we may disclose protected health information about you under certain conditions to people preparing to conduct a research project. For example, we may help potential researchers look for patients with specific health needs, so long as the protected health information they review does not leave our facility.

Business Associates – We contract with individuals and entities, referred to as Business Associates, to perform various functions on our behalf or to provide types of services described in this notice. In order for Business Associates to perform their functions or services, we may disclose protected health information to them, but only after they have agreed in writing to safeguard the information. Examples of Business Associates may include our billing company.



Acknowledgement of Receipt of Notice of Privacy Practices

****You may refuse to sign this acknowledgement****

Print Name

Signature of Patient, Parent or Guardian

Date

OFFICE USE ONLY BELOW THIS LINE

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but the acknowledgment could not be obtained because:

- Individual refused to sign.
- Communication barriers prohibited obtaining acknowledgment
- An emergency situation prevented us from obtaining the acknowledgment
- Other (Please specify)



Media Release Form

1. Introduction

(a) Use of OLIVE. East Brainerd Dentistry hereafter referred to as “Dental Practice” allows patients to create videos and pictures to post on social media networks and their website using OLIVE.

2. Personal Information That May Be Collected

(a) Identifying Information. If you elect to use OLIVE, you may be providing photographic images of yourself which is identifiable information.

(b) Information from Children. To participate, you must be at least 18 years old. If a participant is less than 18 years old, a parent or legal guardian must complete this form.

(e) Social Media. Dental Practice is not responsible for the content that you post on social media.

3. Uses Made of the Information

(a) Protected Health Information. Dental Practice does not release your protected health information or any identifiable information that relates to your financial information.

(b) Marketing Uses. Your participation in using OLIVE indicates your consent to participate in this marketing campaign.

(c) Stored Information Uses. If you wish to delete a video or photo, please delete your post. If Dental Practice posted a photo or video that you wish to be deleted, please contact the office at the number provided on our website contact page.

(d) Online Advertising. Your information is never shared with other companies for advertising purposes.

4. Disclosure of the Information

(a) Mergers and Acquisitions. Circumstances may arise where for business reasons, Dental Practice decides to sell, buy, merge or otherwise reorganize its businesses in the United States. Such a transaction may involve merging these social media posts.

(b) Agents. Dental Practice employs or engages other companies and individuals to perform business functions on behalf of its company. These persons are provided with access to the videos and photos you made. These persons engage in a variety of functions which include, but are not limited to analyzing data, providing marketing assistance, and providing client services.

(c) Marketing Analysis by Third Parties. Dental Practice reserves the right to disclose to third parties personal information about clients for marketing analysis; however, any information disclosed will be in the form of aggregate data that does not describe or identify an individual client.

(f) Disclosure to Governmental Authorities. Under certain circumstances, your videos and photos may be subject to disclosure pursuant to a judicial or other government subpoenas, warrants or orders.

5. Use of Computer Tracking Technologies

(a) No Tracking of Personal Information. Dental Practice's Web Site is not set up to track, collect or distribute personal information not entered by visitors. Through web site access logs Dental Practice does collect clickstream data and HTTP protocol elements, which generate certain kinds of non-identifying site usage data, such as the number of hits and visits to our sites. This information is used for internal purposes by technical support staff for research and development, user analysis and business decision making, all of which provides better services to the public. The statistics garnered, which contain no personal information and cannot be used to gather such information, may also be provided to third parties.

(b) Use of Cookies. Dental Practice or its third party vendors, collects non-identifiable and personal information through the use of various technologies, including "cookies". A cookie is an alphanumeric identifier that a Web site can transfer to client's hard drive through client's browser. The cookie is then stored on client's computer as an anonymous tag that identifies the client's computer, but not the client. Cookies may be sent by Dental Practice or its third party vendors. Client can set its browser to notify client before a cookie is received, giving an opportunity to decide whether to accept the cookie. Client may also set its browser to turn off cookies; however, some Web sites may not then work properly.

(c) Use of Web Beacon Technologies. Dental Practice may also use Web beacon or other technologies to better tailor its Web site(s) to provide better client service. If these technologies are in use, when a visitor accesses these pages of the Web site, a non-identifiable notice of that visit is generated which may be processed by Dental Practice or by its suppliers. Web beacons usually work in conjunction with cookies. If client does not want cookie information to be associated with client's visits to these pages, client can set its browser to turn off cookies; however, Web beacon and other technologies will still detect visits to these pages, but the notices they generate cannot be associated with other non-identifiable cookie information and are disregarded.

(d) Collection of Non-Identifiable Information. Dental Practice may collect non-identifiable information from user visits to the Dental Practice's Web site(s) in order to provide better client service. Examples of such collecting include: traffic analysis, such as

tracking of the domains from which users visit, or tracking numbers of visitors; measuring visitor activity on Dental Practice’s Web site; Web site and system administration; user analysis; and business decision making. Such information is sometimes known as “clickstream” Dental Practice or its contractors may use this data to analyze trends and statistics.

(e) Collection of Personal Information. Dental Practice collects personal identifying information from client during a transaction. Dental Practice may extract some personally identifying information about that transaction in a non-identifiable format and combine it with other non-identifiable information, such as clickstream data. This information is used and analyzed only at an aggregate level (not at an individual level) to help Dental Practice understand trends and patterns. This information is not reviewed at an individual level.

6. Information Security

(a) No Liability for Your Posts. Dental Practice is not responsible for the security of the videos and photos that you post on social media platforms.

7. Accountability

(a) Questions, Problems and Complaints. If you have a question about this policy statement, or a complaint about Dental Practice’s use of OLIVE and your videos/photos, you may contact the practice administrator at ebfamilydentistry@gmail.com or **423-892-8169**. Your concerns will be addressed as soon as possible to resolve any issues.

(b) Terms of Use. If client chooses to use OLIVE, the client’s action is hereby deemed acceptance of these policies.

⇒ **Print Name:** _____

⇒ **Signature:** _____ ⇒ **Date:** _____