Tillamook Family Dentistry Jin Ahn DMD Welcome to Our Practice

Patient Information:

	MILast Name						
Preferred Name	Date of Birth						
	Social Security #						
	A ^t						
	StateZip						
Home Phone	Cell Phone						
	Work Phone						
	Phone						
Responsible Party (if different	rom above):						
Name	Relationship to pt	_					
	Social security#						
	StateZip						
	Cell Phone						
	Work Phone_						
Is this person currently a patient	n our office? Yes No						
Dental and Medical History:							
Reason for today's visit		_					
	Date of last x-rays	_					
Primary Care Physician							
	a a constant of the constant o						
Have you been instructed to pre-	nedicate with antibiotics prior to dental care? Yes No						
	ours notice if you are unable to keep your scheduled appointment 00 for missed appointments or appointments cancelled without 2 pht at our discretion.						
Patient/Responsible Party Sign	ature Date						

Jin Ahn DMD

MEDICAL HISTORY

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that nou male have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering it following questions. Are you under a physician's care now? Are you under a physician's care now? Yes No If yes, please explain: Have you ever had a serious head or neck injury? Are you aking any medications, pilis, or drugs? Yes No If yes, please explain. Are you are special delt? Are you on a special delt? Yes No Do you use controlled substances? Yes No Do you use controlled substances? Yes No Women: Are you PregnantTrying to get pregnant? Taking oral contraceptives? Are you allergio to any of the following? Appin Pericillin Cydeline Acrylic Metal Latex Local Anesthetics Other If yes, please explain: Do you take, or have you had, any of the following? Appin Pericillin Cydeline Acrylic Metal Latex Local Anesthetics Other If yes, please explain: Do you have, or have you had, any of the following? Authority Postave Cheaf Pains Are price and the pericillin Cydeline Acrylic Metal Latex Local Anesthetics Other If yes, please explain: Do you have, or have you had, any of the following? Authority Postave Cheaf Pains Are price and the problems Single Substantial Heart Disoner Are price and the problems Single Substantial Heart Disoner Area of the problems Single Substantial Heart Disoner Area of the problems Single Substantial Heart Disoner Area of the problems Single Substantial Heart Marrier Lung Disease Area of the problems Single Substantial Heart Marrier Lung Disease Frequent Committee Heart Marrier Lung Disease Frequent Marrier Substantial Heart Marrier Disease Frequent Marrier Substantial Heart Marrier Problems Broad Transfusion Excessive Briefing Broad Transfusion Excessive Briefing Broad Transfusion Excessive Briefing Broad Transfusion Excessive Briefing Broad Transfusion Excessi	PATIENT NAM	ΛΕ		Birth Date	
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POLICIES AND PROCEDURES

Welcome to Tillamook Family Dentistry. We look forward to caring for your dental health and will make every effort to see that you dental experience is as comfortable as possible. For us to better serve our patients there are several policies and procedures that you need to know:

- 1. Following your new patient exam, Dr. Ahn will make a determination of your dental needs. This requires a general review of your health history, an extensive exam of your teeth and gums, and may include numerous x-rays.
- 2. Before treatment is undertaken, we consult with our patients so there is a full understanding of the need, the procedures, and possible consequences if necessary treatment is not completed. When requested, you will receive a treatment plan, which includes the estimated cost of the treatment you need. Changes are always possible and will be discussed with you.
- 3. Please remember that all treatment charges are your responsibility and are charged to you. You will generally be asked to make a payment at the time of service. If you have insurance we will bill them as a courtesy to you; however any portion not covered is your responsibility.
 - 4. We reserve the right to charge \$50.00 for appointments cancelled or broken without 24 hours notice.
- 5. A parent or guardian must accompany a minor child to an appointment. For liability reasons, parents are asked to wait in waiting room. However depending on a child's age, each case will be evaluated if there is a problem.

Notice of Privacy Practices

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal information. As required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes:

- 1. Treatment: Means providing, coordinating, or managing health care and related services by one or more health care provider. An example of this would be a referral to a specialist.
- 2. Payment: Means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your insurance for payment.
- 3. Health Care Operations: Includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of the would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. Any other uses will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor that request, except to the extent that we have already taken action relying on your authorization. You have the following rights with respect to your health information, which you can exercise by a written request:

- 1. The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, or any other person as identified by you. We are not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
 - 2. The right to inspect and copy your protected health information.
 - 3. The right to amend your protected health information.

Signature

- 4. The right to receive an accounting of disclosures of protected health information.
- 5. The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice or our legal duties and privacy practices with respect to protected health information. This notice is effective as of 4/13/2003 and we are required to abide by he terms of the privacy practices currently in effect.

by signing my name to	this form, I acknowledge tha	at I understand and	accept the above Polici	es and Procedures.