MEDICAL HISTORY FORM

PATIENT INFORMATION

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	Do your gums bleed, fee									
	Are you unhappy with appearance of your teeth?									
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

SUMMARY:

By law we are required to provide you with our Notice of Privacy Practices (NPP). This notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient you have the following rights:

- 1. The right to inspect and copy your information;
- 2. The right to request corrections to your information;
- 3. The right to request that your information be restricted;
- 4. The right to request confidential communications;
- 5. The right to report of disclosures of your information; and
- 6. The right to a paper copy of this Notice.

We want to assure you that your medical/protected health information is secure with us. This Notice of Privacy Practice contains information about how we will insure that your information remains private.

Please list all telephone	e numbers where we ma	y contact you:	
1	2	3	
4	5	6	
		SPOUSE, PARENTS, GRANDPAREN N TO, INCLUDING COPIES OF YOUR	
Name		Relationship	
	that I have reviewed t ffer me updated to this	ent of Notice of Privacy Practice his practice's Notice of Privacy Pra Notice of Privacy Practice. Should i	
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	☐Patient refused to sign	OR OFFICE USE ONLY	atient/Parent/Guardian

Smoker/Non-Smoker Certification Statement

Do you smoke cigarettes, cigars, pipes or use chewing tobacco?

YES

NO



Need Help Quitting? Ask about our Smoking Cessation Program We Can Help!