*Welcome to our Office!*

James P. Ziuchkovski, DDS, MS, PC

**Patient Name:** _____ **DOB:** _____

**Address:** _____ **Age:** _____

**City/State/Zip:** _____ **Sex:** _____

**Phone#:** _____ **Family Dentist:** _____

Please fill out this form completely in ink. If you have any questions or concerns, please do not hesitate to ask for assistance. We are happy to help!

## Responsible Party Information

Name of Person Responsible for this Patient _____ Employed by _____
Relationship to Patient _____ Business Phone_____ Occupation_____
May we contact you by email □ Yes □ No Email Address _____

Spouse's Name _____ Employed by _____
Relationship to Patient _____ Business Phone_____ Occupation_____
May we contact you by email □ Yes □ No Email Address _____

## Dental Insurance Information

Dental Insurance Company _____ Employer _____
Name of Insured _____ Relationship to Patient _____
Birthdate_____ Social Security #/ ID #_____
Orthodontic Benefit:□ Yes □ No

Secondary Dental Insurance: □ Yes □ No
Dental Insurance Company _____ Employer _____
Name of Insured _____ Relationship to Patient _____
Birthdate_____ Social Security #/ ID #_____
Orthodontic Benefit:□ Yes □ No

## Authorization, Release and Agreement to Pay For Services Rendered

I hereby acknowledge that I have read and received a copy of the Notice of Privacy Practices.

I authorize the orthodontists to release to third party payers and/or health practitioners any diagnostic information including records of examination and/or treatment rendered during the period of such dental care.

I authorize and request my insurance company to pay benefits directly to the orthodontist otherwise payable to me.

I understand that my dental insurance carrier may pay less than the actual bill of service. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

Signature of patient or parent/legal guardian (if minor): _____ Date _____
_____ (Printed)

# NOTICE OF PRIVACY PRACTICES FOR JAMES P. ZIUCHKOVSKI, DDS, MS, PC

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.

Your protected health information (i.e., individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used or disclosed by us in one or more of the following respects:

- To other health care providers (i.e., your general dentist, oral surgeon, etc.) in connection with our rendering orthodontic treatment to you (i.e., to determine the results of cleanings, surgery, etc.).
- To third party payors or spouses (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account (i.e., to determine benefits, dates of payment, etc.).
- To certifying, licensing and accrediting bodies (i.e., the American Board of Orthodontics, state dental boards, etc.) in connection with obtaining certification, licensure or accreditation.
- To business associates (i.e., accountants, consultants, etc.), which have a written contract that requires them to protect your privacy.
- Internally, to all staff members who have any role in your treatment.
- To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc.
- To your family or other individuals identified by you involved in your treatment or in the case of an emergency.
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- When required by law (i.e., National Security, Secretary of HHS, Law Enforcement, Disaster Relief, etc.).

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke.

## Under the new privacy rules, you have the right to request in writing:

- Restrictions on the use and disclosure of your protected health information.
- Confidential communication of your protected health information.
- Revoke a privacy authorization at anytime. However:
    - If the information has been shared prior to your decision to revoke this authorization, that information will not be included in the revocation.
    - If the information was for purposes of obtaining insurance coverage, other law gives the insurance company certain rights.
- Inspect and obtain copies of your protected health information.
- Amend or modify your protected health information in certain circumstances.
- Receive an accounting of certain disclosures made by us of your protected health information.
- You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights with us (by submitting inquiries to our Privacy Official, Terri Roney) or the US Department of Health and Human Services.

## We have the following duties under the privacy rules:

- By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information.
- To abide by the terms of our Notice of Privacy Practices that is currently in effect.
- To advise you of our right to change the terms of this Notice of Privacy Practices and to make the new notice provisions effective for all protected health information maintained by us and that if we do so, we will provide you with a copy of the revised Notice of Privacy Practices.
- To notify you of breaches of your unsecured protected health information as required by law.

## Please note that we are not obligated to:

- Honor any request by you to restrict the use or disclosure of your protected health information except in the case where the disclosure is to a health plan for the purposes of carrying out payment when services have been paid in full.
- Amend your protected health information if, for example, it is accurate and complete.
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.

We, as an office, practice "privacy safeguards" when patient information will be used and disclosed within the office, and we are committed to using only the minimum amount of information necessary.

This privacy notice is effective as of 09/23/2013 and will remain in effect until we replace it. If you have any questions about the information in this Notice of Privacy Practices, please contact our Privacy Official, Terri Roney, at (719) 593-7942. Thank you.