

# Benicia Oral Surgery

Date \_\_\_\_\_

## PATIENT INFORMATION

Have you ever been seen in our office before?  Yes  No

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

Patient's place of residence - no PO boxes please.

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

SSN# \_\_\_\_\_

Driver's License # \_\_\_\_\_

Are you a full-time student?  Yes  No

If yes, name of school attending? \_\_\_\_\_

\_\_\_\_\_

## SPOUSE INFORMATION

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**In case of emergency who can we contact?** Name \_\_\_\_\_ Phone: \_\_\_\_\_

REFERRED BY \_\_\_\_\_ GENERAL DENTIST \_\_\_\_\_

## PARENT INFORMATION (for patient 18 years or younger)

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN# \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN# \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_

INSURANCE INFORMATION	Primary Dental	Secondary Dental	Medical Insurance
Insured Employee			
Social Security #			
Date of Birth			
Employer			
Group/Policy/Medical Record # <small>(need Kaiser # for patient)</small>			
Name of Insurance			



# Benicia Oral Surgery

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## NOTICE of Privacy Practices

All information that is obtained from you by this office is protected and kept confidential. Every reasonable measure to prevent unauthorized disclosure of your protected health information is practiced.

### Uses and Disclosures

- Your protected health information is accessed and used for healthcare related purpose only.
- Your protected health information is never sold, rented, transferred, exchanged and/or used for non-healthcare related purposes including ,marketing activities without your written authorization.
- Your protected health information is disclosed to third-party entities without your written authorization for the purpose of treatment, to obtain payment for treatment and for healthcare operations.

### Certain Circumstances

Your protected health information can be disclosed without your written authorization in certain limited circumstances, such as:

- Medical emergencies
- In situations required by law
- To individuals involved in your care
- When requested by a public health agency
- When requested by a law enforcement agency

For any purpose other than treatment, obtaining payment, healthcare operations or certain circumstances, we will ask for your written authorization before using or disclosing your protected health insurance information. If you choose to sign an authorization to disclose protected health information, you can revoke that authorization in writing at any time.

### Patient Rights

- You have the right to request in writing to inspect and/or receive a copy of your health information.
- You have the right to request an alternate means or location to receive communications regarding your health information.
- You have the right to request in writing to amend, correct or delete any recorded health information within our possession.
- You have the right to request in writing to restrict some of the users and disclosures of your health information.
- You have the right in writing to an accounting of certain disclosures of your health information that were made by this office.

*Conditions and limitations may apply; obtain additional information from front desk.*

*Changes to this Notice: We reserve the right to change privacy practices and the conditions of this notice at any time and without prior notice. In the event of changes, an update notice will be posted and a copy will be sent to you.*