Image: Sec.       Bindlaw         Age:       Age:         Dr.       Age:         Dr.       Age:         Dr.       Zo         Dr.       Dr.         Dr.	ADUL	T ORTH		XAM	Date			
Lat       Single Martiel         Address       Diversed         City       Zip         Phene       DENTAL HISTORY         Cal       anddress         Personfleeponable       Surrame         Presonfleeponable       First         Mathema       First         Presonfleeponable       Surrame         Presonfleeponable       Surrame         Presonfleeponable       Surrame         Presonfleeponable       First         Mathema       Mathema         Cold       anddress         Presonfleeponable       Surrame         Presonfleeponable       Surrame         Presonfleeponable       Surrame         Presonfleeponable       Surrame         Secure / Significant Other Name       Employee         Presonal       Medical Insulance Provider         Difference //       Mathema         Deryou have dental benefits?       Yes         Noticel Insulation       Beane Disonders         Bellicox // Faining       Medical Insulation Providers         Difference // Statistical Joints       Beane Disonders         Bellicox // Faining       Indereson Statistical Joints         Beane Joint Bean any and Istephosphonate medicat								Deluraio
Address       Dicose]         City       Zip       Pirone         Call       enail address       Dest of last dental appointment		☐ Mrs.				Age		Delaigio
City       Zp       Phone       DENTAL HISTORY         Call       email       email       email       ws       No         Prescribegcontable       Summer       First       MI       Do you breate predominently through the mouth?         First       MI       Do you breate predominently through the mouth?       Do you breate any speech problems?         Brouzhegcontable       Summer       First       MI       Do you breate any difficulty an/or pain when chewing, talking or using your jaws?         Socuer / Significant Other Name       Do you have any difficulty an/or pain when chewing, talking or using your jaws?       Are you aware of any tooth grinding or clenching during the day or night?         Physician       Medical Instance Provider       Do you have a headache more than once a week?         District       Sent by       Do you chew a headache more than once a week?         Destrict       MEDICAL HISTORY       Do you chew on both side on trasting or flossing?         Have you weer had dentil boring       Pentored Beending       Do you chew on both sides or the east.         Debies       Preining       Emoily or you spont the feel uncomfortable or unusual?         Dispective       Preining       Bene Diserders         Epidepsy       Fraining       Emoinspectives       Have you weer had any severe head or face injuries?         W	Street					Single Married		ORTHODONTICS
Cal email address Particle Journame First MI addres	Address					Divorced		
Coll       email address       Date of last dental appointment	City				Zip	Phone		
address       Yes       No         PersonResponsible       Sumane       First       MI         Do you have any speech problems?       Do you have any speech problems?         Employed ty       Phone       Occupation         Spoulse / Significant Other Name       Do you have any speech problems?         Employed ty       Phone #         Physician       Medical Insuance Provider         ID/Crowp #       Do you have any toth grinding or clenching during the day or night?         Do you have a headache more than once a week?         Dentist       Serie by         Do you have dental benefits?       Yes         MeDiCAL HISTORY       Do you or wore both dides of the mouth?         Diabetee       Artificial Joints       Been Trouble         Breat Trouble       Bondonal       Protonged Beenfing         Are you ware planting       Denotional       Protonged Beenfing         Have you reach and nunsual reaction/allergic reaction to medication/alletance??       Have you ware head or face injuries?         If yes, when?       Have you wisdom teeth been extracted								
Prescriptegonable       Sumane       First       MI         for this Account       Do you breathe predominently through the mouth?         Employed by       Phone       Occupation         Socuer / Significant Other Name       Do you have any speech problems?         Employer       Phone #         Physician       Md(dital Insuance Provider ID/Group #         Prest       Md         Do you have any officiant Other Name       Do you have any officiant of the name         Employer       Phone #         Physician       Md(dital Insuance Provider ID/Group #         Detrist       Sent by         Do you have a headache more than once a week?         Data out have dental benefits?       Yes         Maxe you been diagnosed or treated for:         Diagnosed or treated for:       Do you chave any out be feel uncomfortable or unsual?         De you been diagnosed or treated for:       Do you chave any out be previous or thodontic consultation or treatment?         Maxe you been diagnosed or treated for:       Have you were had any severe head or face injuries?         If yes, when?       Have you wisdom teeth been extracted? When	Cell							last dental appointment
for this Account       International internatinternational internatinternational internatinternational								Do you broothe prodominantly through the mouth?
Employed by       Phone       Occupation         Spouse / Significant Other Name <ul> <li>Do you have any difficulty an/or pain when chewing, talking or using your jaws?</li> <li>Are you aware of noises in the jaw joints?</li> <li>Are you aware of any tooth grinding or clenching during the day or night?</li> <li>Do you have pain in or about the ears, temples or checks?</li> <li>Do you have pain in or about the ears, temples or checks?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you have a headache more than once a week?</li> <li>Do you unsual?</li> <li>Do you unsual?</li> <li>Do you unsual?</li> <li>Do you unsual?</li> <li>Do you you shole of treated for:</li> <li>Do you must blaced on brushing or floasing?</li> <li>Have you presently under physician's care ? For</li></ul>			Surname		Firs	t MI		
Spouse / Significant Other Name       using your jaws?         Spouse / Significant Other Name       Are you aware of noises in the jaw joints?         Employer       Phone #         Physician       Medical Insuance Provider         ID/Croup #       Do you have pain in or about the ears, temples or checks?         Dentist       Sent by         Dentist       Sent by         Do you have dental benefits?       Yes No         MetDicAL HISTORY       Do you chew on both sides of the mouth?         Diabetes       Artificial Joints         Benetist       Bene Disorders         Epilepsy       Protomed Biseding         Are you been diagnosed or treated for:       Do you have are adapte mouth?         Diabetes       Artificial Joints       Heart Trouble         Bene Disorders       Have you ever had any severe head or face injuries?         If yes, when?       Have you are thed or face injuries?         If yes, when?       Have you ever had any severe head or face injuries?         If yes, when?       Have you are thed an unusual reaction/allergic reaction to medication/substances?         Have you ever had an unusual reaction/allergic reaction to medication/substances?       Have you would like to add?         Have you ever had an unusual reaction/allergic reaction to medication/substances?       Appearance [Cost ] How L	<b>-</b>	al la c				O a sum all'an	_	
Employer       Phone #         Employer       Phone #         Physician       Medical Insuance Provider ID/Group #         Dentist       Sent by         Dentist       Sent by         Do you have dental benefits?       Yes         Do you have dental benefits?       Yes         NEDICAL HISTORY       Do you chew on both sides of the mouth?         Do you chew on both sides of the mouth?       Do you chew on both sides of the mouth?         Diabetes       Protonal file al Joints       Heart Touble         Protonal Arthritis       Heart Touble       Bone Disorders         Epplopsy       Fainting al Joints       Heart Touble         Are you presently under physician's care ?       For         Are you presently under physician's care ?       For         Have you ever had an unusual reaction/altergic reaction to medication/substances?       Have you wisdom teeth been extracted? When		-		none		Occupation		
Employer       Phone #         or night?         Physician       Medical Insuance Provider ID/Group #         Dertist       Sent by         Dentist       Sent by         Do you have dental benefits? Yes No       Or night?         Do you have dental benefits? Yes No       Or otho benefits?         MEDICAL HISTORY       Do you chew on both sides of the mouth?         Do you chew on both sides of the mouth?       Do you chew on both sides of the mouth?         Diabetes       Arthritis       Bene Disorders         Epilepsy       Fainting Prolonged Bleeding       Have you resently under physician's care ? For         Are you presently under physician's care ? For       Have you ever had any state amouth do you use dental floss?         Have you ever had an unusual reaction/altergic reaction to medication/substances?       Have you work and an unusual reaction/altergic reaction to medication/substances?         Have you ever had major surgery ? For       Do you anticipate a move or transfer in the near future?         For       Do you have a chronic problem with Kidney       Heart _ Lung _ Liver         Do you have a chronic problem with Kidney or the state or ?       Do you anticipate a move or transfer in the near future?	Spouse /	Significant	Other Name					
ID/Group #         Dentist       Sent by         Do you have dental benefits?       Yes         No       Ortho benefits?         Po you have dental benefits?       Yes         No       Do you chave dental benefits?         Wespander       MEDICAL HISTORY         Have you been diagnosed or treated for:       Do you chave a headache more than once a week?         Diabetes       Artificial Joints       Heart Trouble         Biblebets       Artificial Joints       Heart Trouble         Arthritis       Rheumatic Fever       Tuberculosis       Hepatitis, AIDS, HIV (+)         Yes       No       Have you ever had any severe head or face injuries?         If yes, when?       If yes, when?       If yes, when?         If yes, when?       If yes, when?       If yes, when?         If yes, when?       If yes, when?       If yes, when?         If yes, when?       If yes, when?       If yes, when?         If yes, when?       If yes, when?       If yes, when?         If yes, when?       If yes, when?       If yes, when?         If yes, when you ever had an unusual reaction/allergic reaction to medication/substances?       Have you ever taken any oral bisphosphonate medication?         Have you ever had major surgery ? For       Ib yes you anticipa	Employer Phone #			#				
Dentist       Sent by         Dentist       Sent by         Dentist       Sent by         Do you have dental benefits?       Yes         No       Ortho benefits?         MEDICAL HISTORY       Do you chew on both sides of the mouth?         Dataetes       Artificial Joints       Heart Trouble         Diabetes       Artificial Joints       Heart Trouble       Bone Disorders         Diabetes       Artificial Joints       Heart Trouble       Bone Disorders         Diabetes       Artificial Joints       Heart Trouble       Bone Disorders         Have you presently under physician's care ?       For       Have you presently under physician's care ?       For         Have you ever had an unusual reaction/allergic reaction to medication/substances?       Have you ever had an unusual reaction/allergic reaction to medication/substances?       Have you ever taken any oral bisphosphonate medication? How long?         Have you ever taken any oral bisphosphonate medication? How long?       Have you would like to add?       It onsent to receiving appointment reminders via         Do you have a chronic problem with Kidney       Heart       Lung       Liver       It consent to receiving appointment reminders via         Do you have a chronic problems we should be aware of ?       It consent to receiving appointment reminders via       It consent to receiving appointiment remi	Physician Medical Insuance Provider			Do you have pain in or about the ears, temples or cheeks?				
Do you have dental benefits? Yes   Do you have dental benefits? Yes   No Do sou have dental benefits?   WEDICAL HISTORY   Have you been diagnosed or treated for:   Diabetes Artificial Joints   Heart Truble Bone Disorders   Epilepsy Fainting   Are you presently under physician's care?   For   Are you taking any medications or drugs?   Have you ever had an unusual reaction/allergic reaction to medication? How long?   Have you ever had an unusual reaction/allergic reaction to medication? How long?   Have you ever taken any oral bisphosphonate medication? How long?   Have you ever taken any oral bisphosphonate medication? How long?   Do you have a chronic problem with Kidney   Have you ever taken any oral bisphosphonate medication? How long?   Do you have a chronic problem with Kidney   Have you ever taken any oral bisphosphonate medication? How long?   Do you have a chronic problem with Kidney   Have you ever taken any oral bisphosphonate medication? How long?   Do you have a chronic problem with Kidney   Have you ever taken any oral bisphosphonate medication? How long?   Do you have a chronic problem with Kidney   Have you ever taken any oral bisphosphonate medication? How long?   Do you have a chronic problem with Kidney   Have you ever taken any oral bisphosphonate medication? How long?   Do you have a chronic problem with Kidney   Have you ever taken any oral bisphosphonate medication? How long?   Do you have a chronic problem with Kid								Do you have a headache more than once a week?
Do you have dental benefits?       Yes       No         Ortho benefits?       Yes       No         MEDICAL HISTORY       Do you chew on both sides of the mouth?         Have you been diagnosed or treated for:       Diabetes       Artificial Joints       Heart Trouble       Bone Disorders         Epilepsy       Fainting       Emotional       Prolonged Bleeding         A re you presently under physician's care?       For         Are you over had an unusual reaction/allergic reaction to medication? How long?       Have you ever had an unusual reaction/allergic reaction to medication? How long?         Have you ever had major surgery?       For         Have you ever had major surgery?       For         Do you have a chronic problem with Kidney       Heart         Lung       Liver         Are there any other medical problems we should be aware of ?       I consent to receiving appointment reminders via	Dentist		Se	nt by				Are you bothered by chronic neck or shoulder pain?
MEDICAL HISTORY         Have you been diagnosed or treated for:         Diabetes       Artificial Joints         Have you been diagnosed or treated for:         Diabetes       Artificial Joints         Have you been diagnosed or treated for:       Have you ever had any severe head or face injuries?         Have you ever had any severe head or face injuries?       If yes, when?         Have you presently under physician's care?       For         Have you ever had an unusual reaction/allergic reaction to medication/substances?       Have you ever taken any oral bisphosphonate medication? How long?         Have you ever taken any oral bisphosphonate medication? How long?       Have you ever taken any oral bisphosphonate medication? How long?         Have you ever taken any oral bisphosphonate medication? How long?       Do you anticipate a move or transfer in the near future?         REMINDERS       Do you anticipate a move or transfer in the near future?         ReminDERS       I consent to receiving appointment reminders via	Daviau	have dent	al hanafita2 🔲		Orthe bane			Does your bite feel uncomfortable or unusual?
Have you been diagnosed or treated for:         Have you been diagnosed or treated for:         Diabetes       Artificial Joints         Diabetes       Artificial Joints         Diabetes       Benotional         Prolonged Bleeding         Arthritis       Rheumatic Fever         Tuberculosis       Hepatitis, AIDS, HIV (+)         Yes       No         Are you presently under physician's care ?       For         Have you ever had an unusual reaction/allergic reaction to medication/substances?       Have you ever taken any oral bisphosphonate medication? How long?         Have you ever had major surgery ? For       Have you ever taken any oral bisphosphonate medication? How long?         Have you ever had major surgery ? For       Do you have a chronic problem with Kidney         Have you ever taken any other medical problems we should be aware of ?       Do you anticipate a move or transfer in the near future?	Do you	nave dent			Ontho bene			Do you chew on both sides of the mouth?
Inter you been diagnosed of it defected for.   Diabetes			М		IISTORY			
Epilepsy Fainting Emotional Prolonged Bleeding   Arthritis Rheumatic Fever Tuberculosis Hepatitis, AIDS, HIV (+)   Yes No   Arthritis Are you presently under physician's care ? For   Are you taking any medications or drugs ?   Are you taking any medications or drugs ? Have you any times a month do you use dental floss?   Have you ever had an unusual reaction/allergic reaction to medication/substances? How many times a month do you use dental floss?   Have you ever taken any oral bisphosphonate medication? How long? Have you ever taken any oral bisphosphonate medication? How long?   Have you ever had major surgery ? For Do you have a chronic problem with Kidney   Have you have a chronic problem with Kidney Heart   Lung Liver   Liver I consent to receiving appointment reminders via   Demail Text (cell phone provider	Have yo	ou been d	iagnosed or ti	reated for:				Have you ever had any severe head or face injuries?
Arthritis Rheumatic Fever Tuberculosis Hepatitis, AIDS, HIV (+)   Yes No   Are you presently under physician's care ? For   Are you taking any medications or drugs ?   Are you taking any medications or drugs ?   Are you taking any medications or drugs ?   Have you ever had an unusual reaction/allergic reaction to medication/substances?   Have you ever had an unusual reaction/allergic reaction to medication? How long?   Have you ever taken any oral bisphosphonate medication? How long?   Have you ever had major surgery ? For   Do you have a chronic problem with Kidney   Heart   Lung   Liver   Consent to receiving appointment reminders via   Parall   It consent to receiving appointment reminders via	_	_				_		• •
Yes       No         If yes, when/where       If yes, when/where         If yes, when/where       If yes, whe								Have you had previous orthodontic consultation or treatment?
<ul> <li>Are you taking any medications or drugs ?</li></ul>								If yes, when/where
<ul> <li>Are you taking any medications or drugs ?</li></ul>		Are you pr	esently under ph	ysician's care	? For			
<ul> <li>Have you ever had an unusual reaction/allergic reaction to medication/substances?</li> <li>Have you ever taken any oral bisphosphonate medication? How long?</li> <li>Have you ever taken any oral bisphosphonate medication? How long?</li> <li>Have you ever had major surgery ? For</li> <li>Bo you have a chronic problem with Kidney</li> <li>Heart</li> <li>Lung</li> <li>Liver</li> <li>Do you have a chronic problems we should be aware of ?</li> <li>Have you ever taken any other medical problems we should be aware of ?</li> </ul>								Have your wisdom teeth been extracted? When
<ul> <li>Have you ever had an unusual reaction/allergic reaction to medication/substances?</li> <li>Have you ever taken any oral bisphosphonate medication? How long?</li> <li>Have you ever taken any oral bisphosphonate medication? How long?</li> <li>Have you ever had major surgery ? For</li> <li>Have you ever had major surgery ? For</li> <li>Do you have a chronic problem with Kidney</li> <li>Heart</li> <li>Lung</li> <li>Liver</li> <li>Are there any other medical problems we should be aware of ?</li> <li>Are there any other medical problems we should be aware of ?</li> </ul>		Are you taking any medications or drugs ?						How many times a month do you use dental floss?
<ul> <li>Have you ever taken any oral bisphosphonate medication? How long?</li> <li>Have you ever taken any oral bisphosphonate medication? How long?</li> <li>For</li></ul>								What concerns you most about braces?
<ul> <li>Have you ever taken any oral bisphosphonate medication? How long?</li></ul>	Have you ever had an unusual reaction/allergic reaction to medication/substances?			□ Appearance □ Cost □ How Long □ Pain □ Will it work				
For					□ Other			
<ul> <li>Have you ever had major surgery ? For</li> <li>Do you have a chronic problem with Kidney   Heart   Lung   Liver  </li> <li>Are there any other medical problems we should be aware of ?</li> <li>Do you have a chronic problem with Kidney   Heart   Lung   Liver  </li> <li>Do you anticipate a move or transfer in the near future?</li> <li>Do you anticipate a move or transfer in the near future?</li> <li>Do you anticipate a move or transfer in the near future?</li> <li>I consent to receiving appointment reminders via</li> <li>I consent to receiving appointment reminders via</li> </ul>		Have you e	ever taken any or	al bisphospho	onate medicatio	on? How long?		Is there anything you would like to add?
Do you have a chronic problem with Kidney Heart Lung Liver Are there any other medical problems we should be aware of? Do you have a chronic problem with Kidney Heart Lung Liver Heart Lung Liver Diversion of the near future? REMINDERS I consent to receiving appointment reminders via Pervention of the near future?								
□ Are there any other medical problems we should be aware of ? □ Are there any other medical problems we should be aware of ? □ □ I consent to receiving appointment reminders via		Have you e	ever had major su	irgery ? For				Do you anticipate a move or transfer in the near future?
		Do you have a chronic problem with Kidney     Heart     Lung     Liver				REMINDERS		
Describe: Describe: Demail Dem	□ □ Are there any other medical problems we should be aware of ?				are of ?		I consent to receiving appointment reminders via	
		Describe:						□email □text (cell phone provider)

I have reviewed the above information and it is true and correct. If there are any later changes to this history record I will so inform this practice. I hereby authorize necessary credit information to be obtained by your office. I authorize the taking of diagnostic records for an initial diagnosis, if needed.

Date Signature\_

#### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES \*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

To further communication, and to fulfill our responsibilities with law, we want you to understand how we protect and use your identification, payment, and medical information. The law, through HIPAA, more clearly defines your rights, and we want to make sure you understand your rights and our policies concerning this information. Your signature is an acknowledgment that you have received this notice. Thanking you in advance for your cooperation in this matter, and if you have any questions, please let us know.

I, (PRINT YOUR NAME)	have receiv	have received a copy of this office's Notice of Privacy Practices.		
SIGNATURE	DATE	DATE		
	FOR OFFICE USE ONLY			
We attempted to obtain written	acknowledgment of receipt of our Notice of Privacy Practices, but	t acknowledgment could not be obtained because:		
Individual refused to sign	Communications barriers prohibited obtaining the acknowled	dgment □ An emergency situation prevented us		
□ Other (Please Specify)		from obtaining acknowledgment		

trom obtaining acknowledgment

### ORTHODONTICS DENTAL / ORTHODONTIC BENEFITS

DeLurgio

#### Welcome!

If you have Health or Dental / Orthodontic Benefits we will be happy to cooperate with you and your benefits carrier to see that you receive proper benefits from them. At the present time, our practice is not affiliated with or participating with any HMO plans.

Patients who have orthodontic benefits should remember that professional services are rendered and charged to the patient, not their benefit (insurance) company. We cannot render services on the assumption that our charges will be paid by an insurance company.

You will be responsible to continue making your contractual monthly payments, however we are happy to bill your insurance and will apply any payments received toward your contract balance. If your account has been paid in full and we receive additional insurance payments after the fact, you will be issued a refund for any additional coverage / payments received.

Some health insurance programs provide limited benefit coverage for orthodontics. Some provide no coverage. Patients attempting to bill their medical insurance for orthodontic benefits may do so independently. Patients are responsible to Dr. DeLurgio for their services.

**Benefit Information** 

Patient's Name	Date of Birth m/d/y	Relation to the Covered Individual
Name of the Covered Individual (Insured)	Date of Birth m/d/y	Social Security Number
Address of the Covered Individual (Insured)		
Employer of the Covered Individual (Insured)		
Benefit Provider (Insurance Carrier)	Group Number	
If the patient is covered by a <b>second</b> benefit policy, please co	mplete the following for the second benefit	policy:
Name of the Covered Individual (Insured)	Date of Birth m/d/y	Social Security Number
Address of the Covered Individual (Insured)		
Employer of the Covered Individual (Insured)		
Benefit Provider (Insurance Carrier)	Group Number	
<b>RELEASE:</b> I authorize release of any information concerning my (or a administering benefit claims.	my child's) health care, advice and treatme	nt provided for the purpose of evaluating and
I understand that my dental care benefit provider may pay payment of services not paid, in whole or in part by my or		lerstand I am financially responsible for my
I attest to the accuracy of the information on this page. I I	have read and understand the above ortho	odontic benefit policy and agree to it.
Patient's Signature		Date
I hereby authorize payment of dental benefits directly to	the above named dentist. A copy of this a	uthorization is valid.
Primary	Secondary DATE COVERED EMPL	OYEE (OR AUTHORIZED PERSON) DATE

# **Delurgio** orthodontics

## NOTICE OF PRIVACY PRACTICES

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

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect July 1, 2014 and will remain in effect until we replace It.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

#### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

**Treatment.** We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

**Payment.** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

**Healthcare Operations.** We may use and disclose your healthinformation in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals Involved in Your Care or Payment for Your Care. We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Disaster Relief. We may use or disclose your health information to assist in disaster relief efforts.

Required by Law. We may use or disclose your health information when we are required to do so by law.

Public Health Activities. We may disclose your health information for public health activities, including disclosures to:

- o Prevent or control disease, injury or disability;
- o Report child abuse or neglect;
- o Report reactions to medications or problems with products or devices;
- o Notify a person of a recall, repair, or replacement of products or devices;
- o Notify a person who may have been exposed to a disease or condition; or
- o Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

**National Security.** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

**Secretary of HHS.** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Worker's Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement. We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

**Health Oversight Activities.** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits. investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, Medical Examiners, and Funeral Directors.** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

**Fundraising.** We may contact you to provide you with Informat1on about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

#### **Other Uses and Disclosures of PHI**

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

#### Your Health Information Rights

Access. You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request 1f readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage 1f you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

**Disclosure Accounting.** With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

**Right to Request a Restriction.** You have the right to request additional restrictions on our use or disclosure of you r PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure 1s to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf {other than the health plan}, has paid our practice in full.

Alternative Communication. You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests.

However, If we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Amendment. You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied 1t and explain your rights.

Right to Notification of a Breach. You will receive not1ftcations of breaches of your unsecured protected health information as required by law.

**Electronic Notice.** You may receive a paper copy of this Notlee upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).

#### **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights or 1f you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

#### ANDREA B. DELURGIO, D.D.S., M.S.D.

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