

Patient Information

First Name: _____ MI: _____ Last Name: _____ DOB: _____
 Zip: _____ Home Address: _____ Apt #: _____ City: _____ State: _____
 Home Phone #: _____ Cell Phone #: _____ Sex: M F
 E-Mail Address: _____ DL/ID #: _____ State: _____ Type: _____ SSN: _____
 Employer: _____ Position: _____ How Long: _____ years _____ months
 Employer Address: _____ Work Phone Number: _____ Ext.: _____
 City: _____ State: _____ Zip: _____
 Medical Insurance Carrier: _____ Are you / have you had a contract with Brident Dental? Yes No
 Spouse First Name: _____ Last Name: _____ Home Phone #: _____ Cell: _____

Responsible Party (Disregard if same as above)

Relationship to Patient: _____
 First Name: _____ MI: _____ Last Name: _____ DOB: _____
 Zip: _____ Home Address: _____ Apt #: _____ City: _____ State: _____
 Home Phone #: _____ Cell Phone #: _____ Sex: M F
 E-Mail Address: _____ DL/ID #: _____ State: _____ Type: _____ SSN: _____
 Employer: _____ Position: _____ How Long: _____ years _____ months
 Employer Address: _____ Work Phone Number: _____ Ext.: _____
 City: _____ State: _____ Zip: _____
 Medical Insurance Carrier: _____

Emergency Contacts

Contact # 1 First Name: _____ Last Name: _____ Relation: _____
 Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____ Ext.: _____
 Home Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
 How many years have you known this person? _____
Contact # 2 First Name: _____ Last Name: _____ Relation: _____
 Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____ Ext.: _____
 Home Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
 How many years have you known this person? _____

Primary Insurance Information

Insured First Name: _____ Last Name: _____ Date of Birth _____
 Home Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
 Patient's relationship to Insured (Circle): Self Spouse Child Parent Sex: M F Insured's Social Security Number: _____
 Employer: _____ Employer's Phone Number: _____
 Insurance Company: _____ Phone Number of Insurance Co.: _____
 Insurance Co. Address: _____ Effective Date: _____
 Group #: _____ Policy #: _____ Name of Union and Local Union Number: _____

Secondary Insurance Information

Insured First Name: _____ Last Name: _____ Date of Birth _____
 Home Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
 Patient's relationship to Insured (Circle): Self Spouse Child Parent Sex: M F Insured's Social Security Number: _____
 Employer: _____ Employer's Phone Number: _____
 Insurance Company: _____ Phone Number of Insurance Co.: _____
 Insurance Co. Address: _____ Effective Date: _____
 Group #: _____ Policy #: _____ Name of Union and Local Union Number: _____

Financial Responsibility and Acknowledgement: I request that all dental benefits, if any, or other amounts otherwise payable to me or on my behalf for services rendered, be paid directly to the provider of service. I understand that I am financially responsible for all charges for services performed by provider. If insurance proceeds are insufficient to cover my obligations for services rendered, I am liable for the shortfall. I authorize the provider of service to release all information necessary to secure the payment of benefits. I also consent to the examination and/or treatment of myself and all minor children listed by doctors, doctors' assistants and other medical personnel. Failure to provide complete information may result in my receiving a bill for services. I understand that this dental practice is owned and operated by an independent dentist. I acknowledge that each dentist is individually responsible for the dental care provided to me and no corporate entity is responsible for my dental treatment.

Consent, Verification and Collections: I certify that all information is complete and correct. Brident Dental may verify this information from whichever sources it deems necessary (including, but not limited to, credit reports) and may provide others with information regarding my credit history (or the credit report), contact information, and social security number to the extent permitted by law. This is my authorization for Brident Dental to verify identity and credit history. I also agree that Brident Dental, or anyone acting on its behalf, may contact me at any telephone number I provide or any number where Brident Dental believes it may reach me. This may include calls or text messages to mobile, cellular, or similar devices, and calls or text messages using automatic telephone dialing systems and/or prerecorded messages. Brident Dental may contact me in any manner it chooses and at any time, including weekends and holidays. Brident Dental may identify itself, its relationship with me, and its purpose for contacting me even if others might hear or read it.

Consent to Monitor and Record Telephone Calls: I consent to and authorize Brident Dental, any of its affiliates, or its third party vendors to monitor and/or record any of my telephone conversations with the representatives of Brident Dental or any of those other companies.

Consent to Record, Video and Audio: I authorize Brident Dental and its employees, agents, and representatives to film and record today's patient visit and treatment, and all future patient visits and treatment for use by Brident Dental for its health care operations, including, but not limited to: quality assessment and improvement activities, including case management and care coordination; competency assurance activities; conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; business planning, development, management, and administration; and business management and general administrative activities.

Signature of Patient: _____ Signature of Responsible Party: _____

Blank _____ **For Office Use Only** _____
 Date: _____ Other contracts: _____ Signature of Employee: _____



Soumava Sen DDS, PC

**ACKNOWLEDGEMENT OF RECEIPT OF
BRIDENT DENTAL'S NOTICE OF PRIVACY PRACTICE**

By signing this document, I acknowledge that I have received a copy of the Joint Notice of Privacy Practices.

_____ *Name (Print)* _____ *Signature* _____ *Date*

FOR BRIDENT DENTAL'S USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Joint Privacy Notice (State of Texas)

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.

This Notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect September 1, 2013, and will remain in effect until we amend or replace it.

If you have any questions about this Notice, complaints, or should you need to contact Brident Dental's Privacy Officer to comply with any provision of this Notice, please contact: Brident Dental's Privacy Officer, P.O. Box 14227, Orange, CA 92863, Phone: (800) 417-4444. E-mail: PrivacyOfficer@BridentDental.com

Organizations covered by Joint Notice:

Brident Dental Services, LLC
Soumava Sen, D.D.S., P.C.
Brident Dental, Inc.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment We may use and disclose your health information to provide you with medical treatment or services. We may also disclose your health information to other providers involved in your care

For example, your doctor may be performing a tooth extraction and may need to know if you have other health problems that could complicate your treatment. The doctor may use your health history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

For Payment We may use and disclose health information about you to obtain payment for health care services we or others provide to you. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

For Health Care Operations We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment and Refill Reminders; Prescription Information We may contact you by phone, mail, email, or other modes of communication as a reminder that you have an appointment for treatment or medical care at the office. We may also provide you with refill reminders or communicate with you about a drug or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to our cost of making the communication.

Treatment Alternatives We may contact you by phone, mail, email, or other modes of communication to inform you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Products and Services We may contact you by phone, mail, email, or other modes of communication to inform you about health-related products or services that may be of interest to you.

Surveys We may contact you by phone, mail, email or other modes of communication to ask you to participate in patient satisfaction surveys, or to provide you with other quality assessment and improvement communications.

SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety We may use and disclose health information about you when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law We will disclose health information about you when required to do so by federal, state or local law. For example, Brident Dental may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victim of abuse, neglect or domestic violence; and,
- To assist law enforcement officials in their law enforcement duties.

Research We may use and disclose health information about you for research projects if we receive special approval from a privacy board or institutional review board. Under certain circumstances, your health information may also be disclosed without your permission to researchers preparing to conduct a research project, for research on decedents or as part of a data set that omits your name and other information that can directly identify you.

Organ and Tissue Donation If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence We may use and disclose your health information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances specified by law.

Workers' Compensation We may release health information about you in order to comply with the law and regulations related to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities We may disclose health information to a health oversight agency. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with applicable laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena or other lawful process.

Law Enforcement We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors We may release health information to a coroner or medical examiner to enable them to carry out their lawful duties. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and Friends We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest.

In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Marketing Except for marketing information given in a face-to-face encounter or promotional gifts of nominal value, we must obtain your written authorization prior to using your health information for purposes that are considered marketing under the federal health information privacy law commonly known as HIPAA. For example, we will not accept any payments from other organizations or individuals in exchange for making communications to you about treatment, therapies, health care providers, settings of care, case management, care coordination, products or services unless you have given us your authorization to do so or the communication is permitted by law.

Sale of Health Information We will not disclose your health information that is considered a sale of health information under HIPAA without your written authorization.

Sensitive Health Information There are special privacy protections under federal and state laws for certain sensitive health information, such as alcohol and drug abuse treatment information, HIV information, and mental health information (such as psychotherapy notes). We will not disclose your sensitive health information without your written authorization unless permitted or required by law.

Your Written Authorization We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to Brident Dental's Privacy Officer in order to inspect and/or copy your health information. If you

request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies

Right to Amend If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Dental Record Amendment/Correction Form to Brident Dental's Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to Brident Dental's Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are Not Required to Agree to Your Request While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction unless the requested restriction is to a health plan for payment or health care operations purposes and the information you would like to restrict to the health plan pertains solely to a health care item or service you paid out of pocket. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the Request For Restriction On Use/Disclosure Of Medical Information to Brident Dental's Privacy Officer.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication to Brident Dental's Privacy Officer*. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to be Notified of Breach You have the right to be notified by us if we discover a breach of your unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Copies of this Notice are available at Brident Dental's offices, or you may obtain a copy at our website at www.Bridentdental.com.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner and mail a copy to you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Brident Dental's Privacy Officer. You will not be penalized for filing a complaint.