SEVEN HILLS ORTHODONTICS
CARLOS BORDADOR, DMD, MS • SEAN TRUONG, DDS

Patient's First Name (Nickname)	Middle	Last	Gender M F
Birthday	Soc. Sec. No.		Age

☐ Married ☐ Divorced	☐ Widowed ☐ Separated	☐ Single ☐ Minor
Father's Name	Mother's Name	or Spouse's Name

Patient's Home Address	Apt.	City	State	Zip

Home Phone	Cellular	Work Phone

* Would you like to provide an email for contact by the office?	If patient is a minor, who does patient live with? ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian

Name of Person Responsible for This Account		Soc. Sec. No.
Employer and Address	Position	Phone
* Primary Ins. Holder's Name	D.O.B.	Soc. Sec. No. or I.D. No.
Dental Ins. Co. and Phone No.	Group No.	Employer and Phone No.
** Secondary Ins. Holder's Name	D.O.B.	Soc. Sec. No. or I.D. No.
Dental Ins. Co. and Phone No.	Group No.	Employer and Phone No.

Emergency Contact Name	Relationship to Patient	Phone
Family Medical Doctor's Name		Phone
General Dentist's Name		Last Cleaning Mo./Yr.

Whom may we thank for referring you to our office?
Have you been seen by another orthodontist? If so, when was your last visit?
Do you have friends or relatives who have been to our office?

Patient ____ **D.O.B.**________________________

DENTAL HISTORY

Place a mark on "yes" or "no" to indicate if you or your child have had any of the following:

	YES	NO		YES	NO
Bad breath			How often do you floss?		
Bleeding gums			Jaw pain or tiredness		
Blisters on lips or mouth			Lip or cheek biting		
Burning sensation on tongue			Loose teeth or broken fillings		
Chew on one side of mouth			Mouth breathing		
Cigarette, pipe or cigar smoking			Mouth pain, brusing		
Clicking or popping jaw			Previous orthodontic treatment		
Dry mouth			Pain around ear		
Fingernail biting			Periodontal treatment		
Food collection between the teeth			Sensitivity to cold		
Foreign objects			Sensitivity to heat		
Grinding teeth			Sensitivity to sweets		
Gums swollen or tender			Sensitivity when biting		
How often do you brush?			Sores or growths in your mouth		

HEALTH HISTORY

	YES	NO		YES	NO
AIDS/HIV			Low blood pressure		
Anemia			Mitral valve prolapse		
Arthritis, rheumatism			Nervous problems		
Artificial heart valves			Pacemaker		
Artificial joints			Psychiatric care		
Asthma			Radiation treatment		
Back problems			Respiratory disease		
Bleeding abnormally, with extractions or surgery			Rheumatic fever		
Blood disease			Scarlet fever		
Cancer			Shortness of breath		
Chemical dependency			Sinus trouble		
Chemotherapy			Skin rash		
Circulatory problems			Special diet		
Congenital heart lesions			Stroke		
Cortisone treatments			Swollen feet or ankles		
Cough, persistent or bloody			Swollen neck glands		
Diabetes			Thyroid problems		
Emphysema			Tonsillitis		
Epilepsy			Tuberculosis		
Fainting or dizziness			Tumor or growth on head or neck		
Glaucoma			Ulcer		
Headaches			Venereal disease		
Heart murmur			Weight loss, unexplained		
Heart problems			Are you taking Bisphosphonates?		
Hepatitis type _______			(Fosamax, Actonel, Boniva, Skelid, Didronel, Aredia or Zometa)		
Herpes			Do you wear contact lenses?		
High blood pressure			*WOMEN:*		
Jaundice			Are you pregnant?		
Jaw pain			If so, due date ________________________		
Kidney disease			Taking birth control pills?		
Liver disease			Are you nursing?		

MEDICATIONS

List any medications you are currently taking:	*ALLERGIES:*	
	□ Aspirin	□ Latex
	□ Barbiturates (sleeping pills)	□ Local anesthetic
Pharmacy name	□ Codeine	□ Penicillin
Pharmacy phone number	□ Iodine	□ Sulfa

UPDATES

Changes	Date	Patient's or parent's signature

I certify that the above questions have been accurately answered.
I understand that providing incorrect or insufficient information can be dangerous to my (or my child's) health.

______________________________ ______________ ______________________________

Patient's or Parent's Signature **Date** Doctor Reviewed

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.

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. This Notice will take effect on April 15, 2003 and will remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer. Information on contacting us can be found at the end of this Notice.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established "minimum necessary or need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

Required by Law: We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, including, but not limited to, voicemail messages, postcards or letters.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Privacy Officer for a copy of the Request Form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. Copies, if requested, will be $.10 for each page and the staff time charged will be
$100 per hour including the time required to locate and copy your health information. If you want the copies mailed to you, postage will also be charged. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our Privacy Officer for a fee and/or for an explanation of our fee structure.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. (When we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures: therefore these are not available.) You have the right to a list of instances in which we, or our business associates, disclosed information for reasons *other than* treatment, payment or healthcare operations. You can request non-routine disclosures going back 6 years starting on April 14, 2003. Information prior to that date would not have to be released. *(Example: If you request information on May 15, 2004, the disclosure period would start on April 14, 2003 up to May 15, 2004. Disclosures prior to April 14, 2003 do not have to be made available.)*

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement. (Except in emergencies.) Please contact our Privacy Officer if you want to further restrict access to your health care information. This request must be submitted in writing.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us. In writing. Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information and 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.

HOW TO CONTACT US

Practice Location: Seven Hills Orthodontics (Las Vegas)
Telephone: 702 . 870 . 1350 Fax: 702 . 870 . 0771
E-Mail: bntortho@yahoo.com Address: 1350 South Decatur Boulevard
Website: www.lvbraces.com Las Vegas, NV 89102

Practice Location: Seven Hills Orthodontics (Henderson)
Telephone: 702 . 878 . 2799 Fax: 702.436.2799
E-Mail: bntortho@yahoo.com Address: 2799 Sunridge Heights Parkway, Suite 100
Website: www.lvbraces.com Henderson, NV 89052

SEVEN HILLS ORTHODONTICS
CARLOS BORDADOR, DMD, MS • SEAN TRUONG, DDS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient: ______________________________

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

____
Please print your name here

____
Signature

____
Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- ☐ The patient refused to sign.
- ☐ Due to an emergency situation it was not possible to obtain an acknowledgement.
- ☐ We were not able to communicate with the patient.
- ☐ Other *(Please provide specific details)*

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____ ____________________
Employee signature *Date*

This form does not constitute legal advice and covers only federal, not state, law.