

# Patient Information

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TODAY'S DATE \_\_\_\_\_ ACCT.# \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ NICK NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX M F S/S# \_\_\_\_\_

CIRCLE ONE SINGLE MARRIED DIVORCED WIDOWED CHILD

IS THERE AN EXISTING FAMILY ACCOUNT IN THIS OFFICE? YES NO

IF YES NAME(S) OF THE FAMILY MEMBER(S) \_\_\_\_\_

WHO MAY WE THANK FOR REFERRING YOU TO US? \_\_\_\_\_

CLOSEST RELATIVE/FRIEND NOT LIVING AT YOUR RESIDENCE?(FOR EMERGENCY)

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

PATIENT EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE'S SS# \_\_\_\_\_ SPOUSE'S BIRTHDATE \_\_\_\_\_

## INSURANCE INFORMATION

PRIMARY DENTAL INSURANCE \_\_\_\_\_ PHONE# \_\_\_\_\_

INSURANCE ADDRESS \_\_\_\_\_

SUBSCRIBER NAME(EMPLOYEE) \_\_\_\_\_ GROUP# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

SECONDRARY DENTAL INSURANCE \_\_\_\_\_ PHONE# \_\_\_\_\_

INSURANCE ADDRESS \_\_\_\_\_

SUBSCRIBER NAME(EMPLOYEE) \_\_\_\_\_ GROUP# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

- As a courtesy, we will process your insurance provided that all the information is accurate and complete.

## FOR MINORS

FATHER'S NAME \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

EMPLOYER ADDRESS & PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

EMPLOYER ADDRESS & PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_



# **STATEMENT OF PRIVACY PRACTICES**

## **Bellevue Dental Care**

**www.bellevuedentalcare.net**  
**1515 116<sup>th</sup> Avenue Northeast #206, Bellevue, WA 98004**  
**425-454-1225**

Our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principle concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

- **Protecting you personal Healthcare Information**

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of Washington. This includes issues relating to your treatment, payment, and our dental care operations. Your personal health information will never be otherwise given to anyone-even family members-without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

- **Collecting Protected Health Information**

We will only request personal information needed to provide our standard of quality dental care, implement payment activities, conduct normal dental practice operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

- **Disclosure of your Protected Health Information**

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing purposes without your written consent.

We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machines, and postcard.

- **Patient Rights**

You have a right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge for you copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

We thank you for being a patient at our office. Please let us know if you have any questions concerning your privacy rights and the protection of your personal healthy information.