

KENNETH B. WHITWORTH, D.D.S., M.D.
41619 Margarita Road Suite 102
Temecula, CA 92591
Office: (951) 676-4473 Fax: (951) 676-4474

*Who can we thank for referring you to our office? _____

Patient Information:

Name: _____ Date of Birth: _____
Last First MI

Home Address: _____
Street
_____ Home Telephone: _____
City State Zip Code

Wk Telephone: _____ Mobile Number: _____

E-Mail Address: _____

Preferred Method of Communication: Home / Cell / E-mail

Is the patient a full-time student? Y/N If FT college student, school: _____

Occupation: _____ Hobbies _____

If patient is under age 18, name of parent/legal guardian: _____

Emergency Contact Information:

Name: _____ Home Telephone: _____
Last First MI

Wk Telephone: _____ Mobile Number: _____

Home Address: _____
Street City, State Zip Code

Dental Insurance Information: If no dental insurance, please check here

Subscriber* Name: _____ Subscriber Date of Birth _____
(*Person who the Insurance is through) *Last, First, MI*

Home Telephone: _____ Mobile Number: _____

Social Security/ID# _____ Relationship to Patient: _____

Employer: _____ Work Telephone: (____) _____

Dental Insurance Company: _____ Group # _____

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Contract to Pay for Dental/Medical Services: In consideration of professional services provided to the above patient, I/we agree to pay your customary charge for these services in full, at the time of service, unless other arrangements are made with Kenneth B. Whitworth, MD, DDS, PC. I/we authorize Kenneth B. Whitworth, DDS, MD, PC to receive assignment of insurance payments. If the customary charges are more than the benefits allowed under the responsible party's insurance plan, I/we agree to pay the difference.

Privacy of Information and Authorization to Release Information: It is the policy of Kenneth B. Whitworth, DDS, MD, PC to maintain the privacy of all patient transactions. Kenneth B. Whitworth, DDS, MD, PC, are hereby authorized to release any medical/dental or incidental information that may be necessary for either medical/dental care or in processing requests for financial benefits. I acknowledge below that I have received my copy of our Privacy Policy (attached).

Legal Responsibility: If the patient is a minor or under custodial care, the below responsible party represents that they are legally authorized to obtain medical/dental services for the patient.

Medicare: Kenneth B. Whitworth, DDS, MD, PC is not a participating provider under the Medicare program. Medicare patients are personally responsible for payment of services received.

Patient's Signature/Responsible Party

Date

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This Practice is obligated to comply with current and future regulations and guidelines of the Health Insurance Portability and Accountability Act (HIPAA). In fulfilling our obligations, the following guidelines are established for our performance as it relates to the patients' Protected Health Information (PHI), and the patient's rights:

Uses and Disclosures: Our Practice must provide patients with a description and example of the uses and disclosures that the Practice is permitted to make for the purposes of treatment, payment, and health care services. Patient's charts are respectively documented.

Treatment: Our Practice must secure the patient's or responsible party's consent for the use of PHI for the purpose of treatment, which includes the direct provision of treatment as well as the coordination and management of health and related services.

Payments: Our Practice must secure the patient's or responsible party's consent for the use and disclosure of PHI to obtain payment for services performed.

Health Care Operations: Our Practice will use and disclose the minimum necessary amount of authorized PHI in the business management of the practice.

Requirements by Law: Our Practice will use and disclose authorized PHI only to the extent as required by law.

Public Health and Protection Activities: Our Practice will use and disclose the minimum necessary amount of PHI to appropriate public health authorities and legal agencies including entities that are responsible for preventing or controlling disease, injury, child/custodial abuse and neglect, abuse/neglect/domestic violence, or death of a deceased person.

Oversight Activities: Our Practice will use and disclose authorized PHI as may be legally mandated in the compliance process of activities as audits, judicial or administrative proceedings, law enforcement, compliance with laws related to workers' compensation programs, or US Department of Health and Human Services' determination of our Practice's compliance with the HIPAA privacy regulations.

Governmental Interaction: Our Practice will use and disclose authorized PHI as may be required for military and veterans activities, national security and intelligence activities, or correctional institution or law enforcement activities.

Safety: Our Practice will use and disclose authorized PHI as may be required to prevent or reduce a serious and imminent threat to the health or safety of a person, the public, or other specific circumstance.

Patient Directory: Except as may be specifically directed by the patient, our Practice will use and disclose the patient's name and general terms of condition in the maintenance of a directory of patients in the office.

Friend, Family, and Personal Representatives: Our Practice will use and disclose authorized PHI as may be directly relevant to the authorized involvement of a family member, other relative, a close personal friend, or someone identified by the patient. The authorized involvement may be relative to the patient's general condition, treatment, payment for services, location, or death. The involvement may be further expanded without the patient's authorization in related cases of emergency where the practice must exercise professional judgment to evaluate whether the use and disclosure of PHI is in the patient's best interests.

Business Associates: Our Practice will use and disclose authorized PHI to a business associate or allow the business associate to create or receive your PHI on our behalf only if the business associate has agreed in writing to appropriately safeguarding the information.

Appointment Confirmations: Our Practice will use and disclose authorized PHI when contacting the patient or authorized individual to confirm appointments or provide information about the treatment or related services.

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Marketing: Our Practice will obtain the patient's written authorization if the Practice would like to use the patient's PHI for marketing purposes. The patient will have the right to revoke any marketing authorization in writing.

Patient's Rights to Records: Our Practice extends the right to patients to obtain copies of their PHI that is maintained by our Practice. A written request must be submitted by the patient to the Practice Privacy Director. Our Practice will act within 30 days to provide copies. If additional time is required due to accessibility to the records, the patient will be informed in writing that up to an additional 60 days may be required to access the records. If further time is required, the Practice will inform the patient in writing and establish a reasonable projected timetable for providing the records.

Denial of Patient Access to Records: Our Practice can deny the patient access to all or part of the patient's PHI by informing the patient in writing within 30 days of their request indicating our denial and the reason for the denial. The Doctor can deny the patient access to PHI within his professional judgment, it is determined that access to the PHI could potentially endanger the life or safety of the patient or another person, or the PHI references another person and that providing access to the PHI could potentially endanger the life or safety of the other person. If the patient's access to records is denied, the patient can appeal the decision to the Practice's Privacy Director who will review the request and respond to the patient in writing within 30 days.

Restriction of Access: The patient can request our Practice to restrict the use and disclosure of the PHI, although the Practice is not obligated to comply.

Accounting of Disclosures: The Patient can request from our Practice an accounting of disclosures of the patient's PHI that have been made by our practice since April 14, 2003. The written accounting of disclosures will include the date of disclosure, the name of the entity or person who received the PHI, and the content of the PHI.

Right to Amendment of PHI: The patient can request of our Practice to amend the PHI. The practice can deny such a request if the Practice Privacy Director determines that the Practice was not responsible for the PHI creation, the PHI section is not accessible to the Patient, or the PHI is correct and accurate. Amendment requests must be in writing to the Practice Privacy Director. If the Practice denies amendment, the Practice will inform the Patient within 60 days of the reason for denial. The patient may submit a statement of disagreement, which will become part of the patient's PHI and future information for disclosure. The Practice may prepare a rebuttal to the patient's statement of disagreement and include it in the patient's PHI. The Practice's rebuttal will be provided to the patient.

Practice Privacy Director: The Doctor is the designated Practice Privacy Director, and the responsibilities of the Practice Privacy Director may be delegated to individual staff members as circumstances to be appropriate.