

Affiliated Periodontists of North Jersey, P.A.

Patient Name:		Date:		Require Pre-Medication?	Y	N
Home Address:			City:	State:	Zip:	
Phone/Residence:		Phone/Business:		Phone/Mobile:		
E-Mail Address:			Social Security #:		Date of Birth #:	
Occupation:		Business Name & Address:				
Sex: M or F	Height:	Weight:	Marital Status: S or M or D or W			
Name of Spouse:			Spouse Business Phone:			
Emergency Contact – Name/Phone:						
Physician's Name, Address, & Phone # -						
Referred by:						

Chief Dental Complaint:

Please circle YES or NO for following questions. Information for our records only.

AIDS/HIV/ARC	Y	N	Damaged Heart Valves	Y	N	Liver Disease	Y	N
Alcohol/Drug Abuse	Y	N	Diabetes	Y	N	Low Blood Pressure	Y	N
Anemia	Y	N	Digitalis/Drugs for Heart Trouble	Y	N	Mitral Valve Prolapse	Y	N
Antibiotics or Sulfa Drugs	Y	N	Dry Mouth	Y	N	Nitroglycerin	Y	N
Anticoagulants or blood thinners	Y	N	Emphysema	Y	N	Osteoporosis	Y	N
Antihistamines	Y	N	Epilepsy/Seizures	Y	N	Pacemaker/Heart Surgery	Y	N
Arthritis, Rheumatism	Y	N	Fainting/Dizziness	Y	N	Psychiatric Care	Y	N
Artificial Heart Valves	Y	N	Frequent Thirst/Urination	Y	N	Radiation Treatment	Y	N
Artificial Joint/Implants	Y	N	Glaucoma	Y	N	Removable Dental Appliances	Y	N
Asthma/Hay Fever	Y	N	Gout	Y	N	Respiratory Disease	Y	N
Auto-Immune Disease	Y	N	Headaches	Y	N	Shortness of Breath	Y	N
Blood Transfusions	Y	N	Heart Murmur	Y	N	Sinus Trouble	Y	N
Bruise Easily	Y	N	Heart Problems	Y	N	Sleep Apnea	Y	N
Cancer	Y	N	Hepatitis	Y	N	Smoke	Y	N
Cardiovascular Disease	Y	N	Herpes	Y	N	Stroke/Heart Attack	Y	N
Chemical Dependence	Y	N	High Blood Pressure	Y	N	Swollen Feet or Ankles	Y	N
Chemotherapy	Y	N	Hives/Skin Rash	Y	N	Swollen Neck Glands	Y	N
Cholesterol	Y	N	Hypoglycemia	Y	N	Thyroid Issues	Y	N
Circulatory Problems	Y	N	Insulin, Tolbutamide, Orinase, or similar	Y	N	Tonsillitis	Y	N
Cold/Fever Blisters	Y	N	Jaundice	Y	N	Tranquilizers	Y	N
Congenital Heart Lesions	Y	N	Kidney Disease	Y	N	Tuberculosis	Y	N
Cortisone/Steroids	Y	N	Leukemia	Y	N	Ulcer/GI Issues	Y	N
Cough, Persistent or Bloody	Y	N						
Women								
Bisphosphonates	Y	N	Nursing	Y	N	Oral contraceptive	Y	N
Hormonal Replacement	Y	N				Pregnant	Y	N

Drug Allergies

Antibiotics	Y	N	Barbiturates, sedatives, sleeping pills	Y	N	Iodine	Y	N
Aspirin	Y	N	Codeine or other narcotics	Y	N	Local Anesthetics	Y	N

List Medications, dosage, frequency, and correlating diagnosis.

IT IS IMPERATIVE YOU INFORM US OF ANY MEDICATIONS YOU ARE TAKING, ESPECIALLY ASPIRIN OR BIRTH CONTROL PILLS.

List any disease, condition, or issue not above that you think we should know about.

I certify that I have read and understand the attached. I acknowledge that my questions, if any, about the inquiries set forth have been answered to my satisfaction. I will not hold my dentist, or any other member of his/her staff responsible for any errors or omissions that I may have made in the completion of this form. I also understand that I am financially responsible to Affiliated Periodontists of North Jersey, P.A. for all care and services provided to me.

Patient Signature	Periodontist Signature	Date
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Affiliated Periodontists of North Jersey, P.A.

HIPAA Policy

Due to HIPAA regulations, your signature is necessary to:

1. Release information to other providers, when necessary, for your treatment (including x-rays or treatment plan information) via e-mail.
Please Note: We do not send, via e-mail, information such as birthdates, addresses, or social security numbers.
2. Process all insurance claims.
3. Ensure payment for services rendered.
4. Release information (i.e. x-rays, charting, etc.) to insurance companies.

I authorize the release of all information necessary to secondary providers rendering care, or when necessary, to process my insurance claims (if applicable). A photocopy of this assignment is to be considered as valid as the original.

I have read the above information, and am in receipt of the attached "Privacy Practices Notice".

Patient Initial

Parent Initial (if patient a minor)

Date

Appointment Policy

A 72-hour notice is necessary for all surgical cancellations. 24 hours notice is required for all other appointments.

I have read the above information.

Patient Initial

Parent Initial (if patient a minor)

Date

Financial/Payment Policy

Patients are responsible for payment at the completion of each appointment except for the following:

- Implant Surgery: ½ of the surgical fee is due at the time of surgery, and the balance to be paid approximately 6 to 12 weeks following, depending on case treatment.
- Other payment arrangements have been made with the financial coordinator prior to the start of treatment.

The fees quoted are in effect for 12 months from the date of initial diagnosis. Prolonged interruption of treatment may necessitate a re-evaluation of the treatment plan and fees.

You agree, in order for us to service your account, or to collect any amounts you may owe, we may contact you at any telephone number you provide, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending letters, e-mails, or text messages, using any addresses you provide.

I have read the above information.

Patient Signature

Parent Signature (if patient a minor)

Date

Affiliated Periodontists of North Jersey, P.A.

Insurance Policy

Dr. Robert Jaffin and Dr. Akshay Kumar are not preferred providers for any dental insurance plans. Dr. Michael Jaffin participates in a limited number of dental insurance plans.

Your dental insurance, like any other fringe benefit, is an arrangement between you and your employer. Therefore, prior to your visit with us, please check with your employer or insurance company as to what type of coverage you are entitled to.

In most cases, insurance companies do not pay the full cost of treatment; you are responsible for the remaining balance.

Any questions regarding your insurance should be directed towards your insurance company or employer. We will be happy to submit your treatment to your insurance company upon payment of the charges. We will do our best to work with you to help maximize the insurance benefits you are entitled to.

I have read the above information.

Patient Signature:

Parent Signature (if patient a minor):

Date:

Insurance Information

Patient Name:

Primary Dental Insurance (Name of Ins. Co.):

Insurance Address:

Insurance Phone:

Policyholder's Name:

Patient's Relationship to Policyholder:

Policyholder's Date of Birth:

Policyholder's Employer:

Policyholder's Employer Address:

Policyholder's Employer Phone:

Insurance Group #:

Policyholder's Member ID:

Policyholder's Social Security #:

Secondary Dental Insurance (Name of Ins. Co.):

Insurance Address:

Insurance Phone:

Policyholder's Name:

Patient's Relationship to Policyholder:

Policyholder's Date of Birth:

Policyholder's Employer:

Policyholder's Employer Address:

Policyholder's Employer Phone:

Insurance Group #:

Policyholder's Member ID:

Policyholder's Social Security #:

[Affiliated Periodontists of North Jersey, P.A.](#)
[15 Emerald Street](#)
[Hackensack, NJ 07405](#)
[Phone – 201-489-5155 Fax – 201-342-7367](#)
www.Affiliatedperio.com

Driving Directions

From Route 4 (heading West from GWB): Exit **after** Shops at Riverside Shopping Center, under the overpass (Hackensack Avenue). Continue south on Hackensack Avenue, passing the cemetery and Brooklyn Pizza on the right. Directly after Brooklyn Pizza, right turn onto Emerald Street, and left turn into the parking lot of large one-story gray stucco building.

From Route 4 (heading East toward GWB): Exit at Hackensack Avenue south, before the overpass. Continue past cemetery as above.

Route 80 (West): Take Exit 66 “Hudson Street-Hackensack-Little Ferry.” Continue to second light and left turn onto S. River Street. Continue north on River Street, passing the courthouse on the left. After crossing over Anderson Street, River St. becomes Hackensack Avenue. You will pass Sears and Target (at Temple Avenue), both on left side. Left turn onto next street, which is Emerald Street, and left turn into the parking lot of large one-story gray stucco building.

Route 80 (East): Take Exit 63 (Rochelle Park-Route 17). Right turn onto Essex Street (BP Gas Station). Follow Essex Street all the way down to courthouse. Bear left onto Main Street. Take Main to Atlantic Street (CVS on corner) and turn right onto Atlantic. Proceed to traffic light and make left turn onto River Street. After crossing over Anderson Street, River St. becomes Hackensack Avenue. You will pass Sears and Target (at Temple Avenue), both on left side. Left turn onto next street, which is Emerald Street, and left turn into the parking lot of large one-story gray stucco building.

From Route 17 (heading North or South): Exit for Route 4 East and follow as above.

From the Turnpike: Follow the Turnpike North to “Route 80 – Paterson – Dover.” Take Route 80 Local and follow Route 80 (West) above.

From the GSP (heading North or South): Take exit for Route 80 East and follow as above.

Parking available in front office lot.

Affiliated Periodontists of North Jersey, P.A.
Robert A. Jaffin, D.M.D. **Akshay Kumar, D.M.D.** **Michael S. Jaffin, D.M.D.**
Specialty Permit #2088 Specialty Permit #3928 Specialty Permit #6086
Diplomates, American Board of Periodontology

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.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

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 (MM/DD/YR), 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. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available 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.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

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

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. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

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 of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.____ for each page, \$____ per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. 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 these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **{You must make your request in writing.}** Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

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.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

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 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 upon request.

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.

Contact Office: Affiliated Periodontists of North Jersey, P.A.	
Address: 15 Emerald Street, Hackensack, NJ 07601	
Telephone: 201-489-5155	Fax: 201-342-7367
E-Mail: implants@affiliatedperio.com	

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