Dennis W. Guard, D.D.S., F.A.G.D., P.A.
Holly V. Guard Mayher, D.D.S.
101 Ridgely Avenue, Suite 22
Annapolis, MD 21401
(410) 268/5751

New Patient Registration

First Name: _____ **Last Name**: _____ **Middle Initial**: _____

Address: _____ **Apt #:** _____

City: _____ **State, Zip**: _____

Home Phone: _____ **Work Phone**: _____

Cell Phone: _____ **Pager**: _____

Marital Status: _____**Single** _____**Married** _____**Divorced** _____**Widowed**

Date of Birth: _____ Social Security: _____ Sex: ____**Male** ____**Female**

Email: _____ **Would you like to receive correspondence via email**? _____

Whom may we thank for referring you to our office? _____

Responsible Party: (if someone other than patient) _____

Insured: (if someone other than patient) _____

Relationship to Patient: _____ Insured DOB: _____ **Soc Sec**:_____

Insurance Carrier: _____ **Insurance ID Number**:_ _____

Insurance Address: _____ **City, State, Zip**: _____

Insurance Phone Number: _____

Have you ever had a bad experience at the dentist? (if yes please explain) _____

_____

How do you feel about your smile? _____

What would you change? _____

Dennis W. Guard, D.D.S., F.A.G.D., P.A.
Holly V. Guard Mayher, D.D.S.
101 Ridgely Avenue, Suite 22
Annapolis, MD 21401
(410) 268/5751

Welcome to our practice and thank you for choosing Guard Your Smile Dental Group for your dental needs. We are committed to providing quality dental care for you and your family. Please read the following information, and if you understand our financial policy, please sign in the space provided. We will furnish you a copy at your request.

YOUR FIRST VISIT:
Your first visit will be to meet and get acquainted with your personal dentist. This visit will be for consultation and evaluation only and will begin the process of treatment planning to outline and prioritize the dental procedures recommended to restore and maintain your optimal oral health.

At your initial visit to our office we will review your medical and dental health history and do an oral cancer screening and complete a dental evaluation. If diagnostic radiographs have been taken and if time allows, we will discuss our findings and diagnosis and establish a treatment plan designed to meet your individual needs and concerns.

Subsequent appointments will be scheduled for you based on the final treatment plan you and your personal dentist establish.

If you require a specialist, the initial visit will vary according to your individual needs and the needs of that specialty.

FINANCIAL POLICY:
Payment for dental services is expected at the time of service. Our office welcomes Care Credit, Visa, MasterCard, American Express, Discover, personal checks and cash.

Our office is happy to submit dental claims on your behalf. Your insurance company may need for you to supply certain information directly to them. It is your responsibility to respond to their request. Your insurance benefit is a contract between you, your insurance company, and your employer. Anticipation of benefits expected are clearly estimates. The actual balance due after the insurance payment is the responsibility of those seeking treatment.

CANCELLATIONS:
Our primary goal is to assist you in attaining and maintaining optimal oral health. Therefore, your appointment time is reserved exclusively for you. Should an unforeseen circumstance cause you to need to change your reserved appointment, we ask that you give us 48 hours notice.

Appointments that are not canceled **48 hours prior** to the appointment will be considered broken appointments.

Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

_____ _____
Signature of Patient or Responsible Party Date

Dennis W. Guard, D.D.S., F.A.G.D., P.A.
Holly V. Guard Mayher, D.D.S.
101 Ridgely Avenue, Suite 22
Annapolis, MD 21401
(410) 268/5751

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 April 14, 2003, 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 health care. 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 a reasonable cost-based fee for expenses such as copies and 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.

Policy Regarding Use of Social Security Numbers: We are required to obtain patient's social security numbers in order to submit dental insurance claims. It is also our policy to obtain all patient's social security numbers. Our dental software provides a space for entering social security numbers for patients without dental insurance as well. The purpose of this is to flag duplicate social security numbers in order to prevent errors in registering new patients. In the case of marriage, divorce, adoption or inactive accounts, if a duplicate social security number is entered, an error message will appear.

Dental Health Professionals will do everything possible to safeguard patient's social security numbers. We will not publicly display any patient's social security number. We will never use a social security number or any part thereof for an account number. We will not mail any documents that contain a patient's social security number, where it is visible from outside of the envelope or package.

Patient social security numbers will be used to submit a dental claim to an insurance company on behalf of the patient
or a member of the patient's immediate family, unless the insurance company has replaced the social security number with an alternate contract number. All social security numbers submitted electronically are done so securely. Patient social security numbers may also be used when necessary to pursue a legal right of the practice such as an audit, collection, debt, claim, or receivable.

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 : Dr. Dennis W. Guard, D.D.S., F.A.G.D., P.A.

101 Ridgely Avenue, Suite 22
Annapolis, MD 21401

Telephone: (410) 268/5751
Fax: (410) 267-7044
Email: drsguard_mayher@yahoo.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I acknowledge that I have received a copy of Dr. Guard and Dr. Mayher's Notice of Privacy Practices.

Please Print Name: _____

Signature: _____

Date: _____