Patient Information

3	Date			
Name	Male/ Female			
Address				
City		State	Zip	
Home#	Work#	Cell# _		
Birth Date	SSN#	Driver's License#		
Email				
Employer		Employer Phone#		
If patient is a child pl	ease list parent's names			
How did you hear ab	out us? (If you were referred, plea	se give the individual's na	me)	
	Responsible Party Information	(only if patient is a deper	ndent)	
Name		Male/ I	Female	
Address				
City		State	Zip	
Home#	Work#	Cell# _		
Birth Date	SSN#	Driver's License#		
Email				
Employer		Employer Phone#		
Name and Date of Bi	(in same	ily Members household)		
		ive Information		
Name	(not in sam	e household) none#		_
Address				

Patient Name		Date of Birth	
	Medical Info	rmation	
	Please check any of the foll	owing that may apply:	
Allergies	Excessive Bleeding		Rheumatic
Anemia	Fainting Spells		Seizures
AIDS/HIV	Glaucoma		Sinus Troul
Arthritis	Hay Fever	Mental Disorders	Stomach U
Asthma	Head Injuries	Nervous Disorders	Stroke
Bleeding Disorders	Heart Disorders		Tuberculos
Blood Diseases	Heart Murmur		Tumors/ G
Cancer	Hepatitis		Venereal D
Cold Sores	High Blood Pressure	The state of the s	Other
Diabetes	Hip/Joint Replacement	Respiratory Disease	
Epilepsy		Rheumatism	
If you checked "other" abov	e, please explain:		
Do you use any form of toba	cco?	What Form?	
Are you in good health?		If no, please explain	
Date of last medical exam?_		Physician's Name	
Are you currently under a ph	nysician's Care?	Physician's Phone#	
Have you ever been hospital		If so, why?	
Do you have any other disea Are you sensitive or allergic	ise, problem or condition that to any drugs or medications?	you think I should know about? _	
Do you have any other disea Are you sensitive or allergic	ise, problem or condition that to any drugs or medications?	you think I should know about?	
Do you have any other disea Are you sensitive or allergic	ise, problem or condition that to any drugs or medications?	you think I should know about? _ Please List: List:	
Do you have any other disease. Are you sensitive or allergic. Are you currently taking any	to any drugs or medications? drugs or medications? Please For Wome	you think I should know about? _ Please List: List:	
Do you have any other disea Are you sensitive or allergic	to any drugs or medications? drugs or medications? Please For Wome	you think I should know about? _ Please List: List: n Only	
Do you have any other disease. Are you sensitive or allergic. Are you currently taking any Are you pregnant?	to any drugs or medications? drugs or medications? Please For Wome	you think I should know about?	
Do you have any other disease. Are you sensitive or allergic. Are you currently taking any Are you pregnant? Physician's Name Physician's Address	to any drugs or medications? drugs or medications? Please For Wome Conse	you think I should know about? Please List: List: n Only If so, when is your due date? Physician's Phone#	
Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a	rese, problem or condition that to any drugs or medications? I drugs or medications? Please For Wome Conse	you think I should know about?	he examination
Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a form, including the use of ar	to any drugs or medications? drugs or medications? Please For Wome Conse a minor child, I hereby consen	you think I should know about?	he examination ry by the doctor
Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a form, including the use of ar do hereby authorize the per	rougs or medications? The drugs or medications? The drugs or medications? Please For Wome Conserving a minor child, I hereby consentry anesthetics, sedatives, or xerormance of dental services units.	please List: Please List: n Only If so, when is your due date? Physician's Phone# nt t to the treatment indicated on the rays, as may be deemed necessal pon this patient and whatsoever	he examination ry by the doctor procedures the
Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a form, including the use of ar do hereby authorize the per	rougs or medications? The drugs or medications? The drugs or medications? Please For Wome Conserving a minor child, I hereby consentry anesthetics, sedatives, or xerormance of dental services units.	you think I should know about?	he examination ry by the doctor procedures the
Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a form, including the use of ar do hereby authorize the perjudgment of the doctor may	rese, problem or condition that to any drugs or medications? I drugs or medications? Please For Wome Conse a minor child, I hereby consensy anesthetics, sedatives, or xeformance of dental services undictate in order to carry out to	please List: Please List: n Only If so, when is your due date? Physician's Phone# nt t to the treatment indicated on the rays, as may be deemed necessal pon this patient and whatsoever	ne examination ry by the doctor procedures the in the treatmen
Are you sensitive or allergic Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a form, including the use of ar do hereby authorize the per judgment of the doctor may plan. I also authorize and recommendations.	consecution condition that to any drugs or medications? For Wome Consecutions con	you think I should know about?	ne examination ry by the doctor procedures the in the treatmer as may be deem
Are you sensitive or allergic Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a form, including the use of ar do hereby authorize the per judgment of the doctor may plan. I also authorize and readvisable by the doctor. I un	consecution condition that to any drugs or medications? For Wome Consecutions con	Please List:	ne examination ry by the doctor procedures the in the treatmer as may be deem
Are you sensitive or allergic Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a form, including the use of ar do hereby authorize the per judgment of the doctor may plan. I also authorize and readvisable by the doctor. I un the doctor to perform dental	consecutives of dental services undicated in order to carry out to any drugs or medications? Please For Wome Consecutives of dental services undictate in order to carry out to quest the administration of subsecutives deemed necessary and services deemed necessary and service	please List: List: n Only If so, when is your due date? Physician's Phone# t to the treatment indicated on the rays, as may be deemed necessa pon this patient and whatsoever reatment procedures as outlined ich anesthetics and/or sedatives at time of service on my child, that at time of service.	he examination ry by the doctor procedures the in the treatmer as may be deem t I am authorizin
Are you sensitive or allergic Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a form, including the use of ar do hereby authorize the per judgment of the doctor may plan. I also authorize and readvisable by the doctor. I un the doctor to perform dental I understand that my dental	reproblem or condition that to any drugs or medications? If drugs or medications? Please For Wome Consent a minor child, I hereby consent any anesthetics, sedatives, or xeformance of dental services undictate in order to carry out to quest the administration of subject the administration of subject the services deemed necessary and insurance carrier or payer of the displacement of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and insurance carrier or payer of the services deemed necessary and the services deemed necess	Please List: Please List: In Only If so, when is your due date? Physician's Phone# Int It to the treatment indicated on the rays, as may be deemed necessal pon this patient and whatsoever treatment procedures as outlined at time of service on my child, that at time of service. In only If so, when is your due date? Physician's Phone# In the treatment indicated on the rays, as may be deemed necessal pon this patient and whatsoever treatment procedures as outlined at time of service on my child, that at time of service.	he examination ry by the doctor procedures the in the treatmer as may be deem t I am authorizing
Are you sensitive or allergic Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a form, including the use of ard o hereby authorize the perjudgment of the doctor may plan. I also authorize and readvisable by the doctor. I unthe doctor to perform dental for services. I understand I a	consecutives of dental services undictate in order to carry out to address and if I am not present all services deemed necessary and insurance carrier or payer of its minarcially responsible for particular insurance are proposed in the services of the services deemed necessary and insurance carrier or payer of its minarcially responsible for payer of the minarcially responsible for payer of the services deemed necessary and insurance carrier or payer of the minarcially responsible for payer of the services deemed necessary and insurance carrier or payer of the minarcially responsible for payer of the services deemed necessary and the services d	please List: Please List: In Only If so, when is your due date? Physician's Phone# Int It to the treatment indicated on the rays, as may be deemed necessal pon this patient and whatsoever treatment procedures as outlined such anesthetics and/or sedatives and time of service on my child, that at time of service. In only If so, when is your due date? Physician's Phone# In the treatment indicated on the rays, as may be deemed necessal pon this patient and whatsoever treatment procedures as outlined such an esthetics and/or sedatives are time of service. In only If so, when is your due date? Physician's Phone# It to the treatment indicated on the rays, as may be deemed necessal pon this patient and whatsoever treatment procedures as outlined such an esthetic sand/or sedatives are time of service.	ne examination ry by the doctor procedures the in the treatmer as may be deem t I am authorizing than the actual signing this
Are you sensitive or allergic Are you currently taking any Are you pregnant? Physician's Name Physician's Address If signing for myself and/or a form, including the use of ar do hereby authorize the per judgment of the doctor may plan. I also authorize and readvisable by the doctor. I unthe doctor to perform dental for services. I understand I a statement, I agree to be respective.	Conservations of dental services undictate in order to carry out to aderstand if I am not present all services deemed necessary and insurance carrier or payer of its managements of services of services demonstration of services deemed necessary and insurance carrier or payer of its managements of services	Please List: Please List: In Only If so, when is your due date? Physician's Phone# Int It to the treatment indicated on the rays, as may be deemed necessal pon this patient and whatsoever treatment procedures as outlined at time of service on my child, that at time of service. In only If so, when is your due date? Physician's Phone# In the treatment indicated on the rays, as may be deemed necessal pon this patient and whatsoever treatment procedures as outlined at time of service on my child, that at time of service.	he examination ry by the doctor procedures the in the treatmer as may be deem t I am authorizing than the actual signing this y dental payer.

Patient Name	Date of Birth				
	Dental History				
What is the main reason for your vis	it today?				
How long has it been since your last	dental exam?				
	1?				
	odontal disease? If yes, please explain				
, and you are not a series of participation					
Have you ever had any complication	s from routine dental treatment?				
If so, please explain					
Are you aware of any clenching or gr	rinding of your teeth, either while sleeping or during the				
day?					
	welling on your gums, lips or cheeks?				
Have you ever had orthodontic treat	ment?				
Do you have any crowding of your te	eeth?				
Are you happy with your smile?					
What would you change and why?					
Is there any additional modical or do	untal information we may need to know about you before				
	ental information we may need to know about you before				
Adults:					
	d that you snore?				
Does it affect your relationship	p?				
Does it affect your sleeping? _					
Is it difficult for you to stay aw	vake and/or focused during the day?				
Children: (Ages 4-11) Do you have a	ny of the following?				
Snoring? How many times a week?	HyperactiveSpeech problems				
Loud Breathing	Allergic symptomsBed wetting				
Interrupted snoring (breathing stops) Frequent headaches in the morning	Talking in your sleepTired during the day ADHD Frequent throat infections				
Mouth breathing day or night	Poor ability in school Poor ability at school				
Excessive sweating while asleep	Teeth Grinding Falls asleep while watching T				
Difficulty falling or staying asleep	Crooked TeethNight terrors or restless sleep				

For Office Use Only:

Notice of Privacy Practice Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers
- Conduct normal health care operations such as quality assessments and physician certifications.

I acknowledge that I have received your **Notice of Privacy Practices** containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its **Notice of Privacy Practices** from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the **Notice of Privacy Practices**.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

You may also speak with: Spouse \(\subseteq \) Child	d Other
Cell Phone:	May we leave a detailed message?
	May we leave a detailed message?
Other Phone:	May we leave a detailed message?
Patient Name:	
Signature:	
Relationship to Patient:	
Date:	
	OFFICE USE ONLY
I attempted to obtain the patient's signature is Acknowledgement, but was unable to do so	in acknowledgement on this Notice of Privacy Practices as documented below:
Date:	_ Initials:
Reason:	

PRIVACY POLICY

Last updated on April 1, 2024.

We may change this privacy notice from time to time—when we do, we will inform you via website and/or email [for existing patients].

Please carefully read the following Privacy Policy of SERENITY DENTAL ARTS, PLLC and all of its subsidiaries, successors in interest, and assigns (collectively, "SERENITY DENTAL ARTS, PLLC", "us", "we") before using: www.serenitydentalartsdenver.com all related websites, products, services and related mobile applications (the "Services"), (collectively, the "Site"). By using the Website you consent to this Privacy Policy. This means that you accept, agree to be bound, and abide by the Privacy Policy. If you do not agree to the Privacy Policy cease use of this Website immediately.

Your privacy is very important to us. Our Privacy Policy spells out SERENITY DENTAL ARTS, PLLC's commitment to respecting the privacy of the members and visitors to our Site. We reserve the right to change this policy at any time, which we'll do through online posting or an email message sent directly to you. We are very careful with what we do with your information.

This Privacy Policy governs your access to and use of www.serenitydentalartsdenver.com'(s)], including any content, functionality and services offered on or through this Website whether as a guest or a registered user. This Privacy Policy also describes how SERENITY DENTAL ARTS, PLLC collects and uses the personal information you provide to us on our Site. It also describes the choices available to you regarding our use of your personal information and how you can access and update this information.

Collection and Use of Personal Information

We collect personal information from you to provide an efficient, meaningful and customized experience for you on the Site.

We collect the following personal information from you:

 Contact Information such as name, email address, mailing address, phone number

As is true of most websites, we automatically gather information about your computer such as:

Your IP address, time and date of visit, browser type, referring/exit pages, operating system, agent version, platform, SDK version, timestamp, API key

(identifier for application), application version, device identifier, iOS Identifier for Advertising, iOS Identifier for Vendors, Media Access Control (MAC) address, International Mobile Equipment Identity (IMEI), Model, manufacture and OS version of device, session start/stop time, locale (specific location where a given language is spoken), time zone, and network status (WiFi, etc.).

We may log this information for: system administration and improvement, appointment request verification, marketing and system troubleshooting purposes.

We use this information to:

- Schedule your requested services
- Follow up on requested information
- Send appointment confirmations and reminders
- Send you a newsletter
- Send you marketing and promotional communications
- Respond to your questions and concerns
- Improve our website and marketing efforts
- Conduct research and analysis

How Do we Protect Your Information and Secure Information Transmissions?

We employ commercially reasonable methods to ensure the security of the information you provide to us and the information we collect automatically. This includes using standard security protocols and working only with reputable third-party vendors.

Email is not recognized as a secure medium of communication. For this reason, we request that you do not send private information to us by email. However, doing so is allowed, but at your own risk.

Information Sharing

We will share your personal information with third parties only in the ways that are described in this privacy statement. We may share personal information with certain third parties in the U.S. that perform services on our behalf. The services provided by those third parties may include: operating the website, hosting the website, providing the services you request, serving advertisements to you, marketing and promotional material distribution (including direct mail marketing). Those third parties are not authorized to use or disclose personal information you provide to us on or through this website for any purpose other than to perform the services designated by us.

We and our third party service providers in the U.S. may also disclose your personal information:

- As required or permitted by law such as to comply with a subpoena, in response to a search warrant or other legally valid inquiry, order or similar legal process;
- To investigate both in the case of a breach of an agreement or contravention of law;
- When we believe in good faith that disclosure is necessary to protect our rights, protect your safety or the safety of others, establish, exercise or defend a legal claim, investigate fraud or respond to a government request;
- To any other third party with your prior consent to do so.

If SERENITY DENTAL ARTS, PLLC engages in a joint promotion with an affiliate and/or partner, we may share your contact information with our affiliate and/or partner to be used in relation to the promotion.

We may share non-personal information (such as the number of daily visitors to a particular web page or the size of an order placed on a certain date) with third parties such as advertising partners. This information does not directly identify you or any user by name.

Third Party Websites

Our Site may contain links to third party websites. When you click on a link to any other website or location, you will leave our Site and go to another site, and another entity may collect personal information from you. We have no control over, do not review, and cannot be responsible for, these outside websites or their content. Please be aware that the terms of this Privacy Policy do not apply to these outside websites or content, or to any collection of your personal information after you click on links to such outside websites. We encourage you to read the privacy policies of every website you visit. The links to third party websites or locations are for your convenience and do not signify our endorsement of such third parties or their products, content or websites.

Cookies and Other Tracking Technologies

This Site uses cookies and other tracking. Cookies are small text files of information stored by the Internet browser on your computer's hard drive. For example, we may use cookies to collect browsing data to keep track of your preferences and profile information and to collect general usage and volume statistical information. Our cookies do not collect personal or confidential

information and are not spyware. Some of our cookies are served by us, and some are served by third parties who are delivering services on our behalf.

You may set your Internet web browser to refuse cookies or to remove cookies from your hard drive. You can also learn more about cookies by visiting www.allaboutcookies.org which includes additional useful information on cookies and how to block them using different browsers. By blocking or deleting cookies used on our website and mobile application, you may not be able to take full advantage of our services.

The Company reserves the right to use technological equivalents of cookies, including social media pixels. These pixels allow social media sites to track visitors to outside websites so as to tailor advertising messages users see while visiting that social media website. The Company reserves the right to use these pixels in compliance with the policies of the various social media sites.

Children Under the Age of 13

This Site is not intended for children under 13 years of age. No one under age 13 may provide any information to or on the Website. We do not knowingly collect personal information from children under 13. If you are under 13, do not use or provide any information on this Website or on or through any of its features/register on the Website, make any purchases through the Website, use any of the interactive or public comment features of this Website or provide any information about yourself to us, including your name, address, telephone number, email address, or any screen name or user name you may use.

If we learn we have collected or received personal information from a child under 13 without verification of parental consent, we will delete that information. If you believe we might have any information from or about a child under 13, please contact us at office@serenitydentalartsdenver.com.

Email Policies

We are committed to keeping your e-mail address confidential. We do not sell, rent, or lease our subscription lists to third parties, and will not disclose your email address to any third parties except as allowed in the section titled Information Sharing.

We will maintain the information you send via e-mail in accordance with applicable federal law.

In compliance with the CAN-SPAM Act, all e-mails sent from our organization will clearly state who the e-mail is from and provide clear information on how to contact the sender. In addition, all e-mail messages will also contain concise

information on how to remove yourself from our mailing list so that you receive no further e-mail communication from us.

Our emails provide users the opportunity to opt-out of receiving communications from us and our partners by reading the unsubscribe instructions located at the bottom of any e-mail they receive from us at anytime.

Users who no longer wish to receive our newsletter or promotional materials may opt-out of receiving these communications by clicking on the unsubscribe link in the e-mail.

Notification of Privacy Statement Changes

We may update this Privacy Policy to reflect changes to our information practices. If we make any material changes, we will notify you by email (sent to the email address specified in your account) or by means of a notice on this Site prior to the change becoming effective. We encourage you to periodically review this policy for the latest information on our privacy practices.

Non-United States Visitors

If you are a non-U.S. user of the Site, by visiting the Site and providing us with data, you acknowledge and agree that your personal information may be processed for the purposes identified in the Privacy Policy. In addition, your personal information may be processed in the country in which it was collected and in other countries, including the United States where laws regarding processing of personal information may be less stringent than the laws in your country and where your personal information may be accessed by the courts, law enforcement and national security authorities as required under the laws of those jurisdictions. By providing your data, you consent to such transfer.

GDPR

If you are within the European Union, you are entitled to certain information and have certain rights under the General Data Protection Regulation. Those rights include:

- We will retain the any information you choose to provide to us until the earlier of: (a) you asking us to delete the information, (b) our decision to cease using our existing data providers, or (c) the Company decides that the value in retaining the data is outweighed by the costs of retaining it.
- You have the right to request access to your data that the Company stores and the rights to either rectify or erase your personal data.
- You have the right to seek restrictions on the processing of your data.

- You have the right to object to the processing of your data and the right to the portability of your data.
- To the extent that you provided consent to the Company's processing of your personal data, you have the right to withdraw that consent at any time, without affecting the lawfulness of processing based upon consent that occurred prior to your withdrawal of consent.
- You have the right to lodge a complaint with a supervisory authority that has jurisdiction over issues related to the General Data Protection Regulation.
- We require only the information that is reasonably required to enter into a contract with you. We will not require you to provide consent for any unnecessary processing as a condition of entering into a contract with us.

For further information on each of these rights (including the circumstances in which they may apply), see the guidance from the UK Information Commissioner's Office (ICO) on individual rights under the General Data Protection Regulation.

We hope that we can resolve any query or concern you raise about our use of your information. The General Data Protection Regulation also gives you right to lodge a complaint with a supervisory authority, in the European Union (or European Economic Area) state where you work, normally live, or where any alleged infringement of data protection laws occurred.

Exercising your Privacy Rights & Contact Information

If you would like to exercise any of your rights as described in this Privacy Policy, please: Email or write to us at:

SERENITY DENTAL ARTS, PLLC 3025 W 38th Ave, Denver, CO 80211 office@serenitydentalartsdenver.com

(303) 458-7051

We are not obligated to make a data access or data portability disclosure if we cannot verify that the person making the request is the person about whom we collected information, or is someone authorized to act on such person's behalf.

Any personal information we collect from you to verify your identity in connection with your request will be used solely for the purposes of verification.