



Thank you for choosing Paradise Coast Periodontics, the office of Dr. Scott F. Johnson and Dr. Sharlene Demehri. We look forward to providing you with an enjoyable dental experience. Included in this packet you will find:

- Medical History Form
- Acknowledge of Receipt of Notice of Privacy Practices
- Map and Directions to both office locations

We ask that you please complete these forms prior to your dental appointment, and arrive 20 minutes early for your scheduled appointment time.

If you have a PPO dental insurance plan, we would be happy to file a claim for your reimbursement. Please bring a copy of your dental insurance card with you to your first appointment so we may assist you with your insurance. *If your insurance is under a spouse and/or family member, please provide their date of birth and social security number as well.*

Should you have any questions please call our Naples office at (239) 254-0308, or the Bonita Springs office at (239) 948-6725. We look forward to meeting with you soon!

A handwritten signature in black ink, appearing to read "S. Johnson", with a long, sweeping underline that extends to the right.

Scott F. Johnson DMD, MS
Practice Owner



Patient Full Name: _____ Date of Birth: ____/____/____

Preferred name (if any) _____ SS# _____ - _____ - _____

Address: _____

City _____ State _____ Zip Code _____

Cell phone number: (____) _____ Home phone number (____) _____

Name of dentist: _____ How long? _____

Your Email Address: _____

Have you ever experienced?

- | | | |
|-----------------------------------------------------------------------|-----|----|
| Clenching or grinding of teeth while awake or asleep? | Yes | No |
| Snoring or any other sleeping disorder? | Yes | No |
| Mouth odors or a bad taste? | Yes | No |
| Bleeding when you brush or floss? | Yes | No |
| Do you frequently get cold sores, blisters or any other oral lesions? | Yes | No |
| Clicking or popping of the jaw? | Yes | No |
| Have your parents experienced gum disease or tooth loss? | Yes | No |

Please review the following medications, and select any of the which you are allergic to:

I do not have any known allergies to medications

- | | | |
|--------------|--------------|------------------------|
| Amoxicillin | Clindamycin | Penicillin |
| Aspirin | Codeine | Percocet |
| Augmentin | Erythromycin | Sulfa |
| Azithromycin | Lidocaine | Tetracycline |
| Bactrim | Morphine | Ibuprofen/Motrin/Advil |
| Cipro | NSAIDs | Hydrocodone |
| Other | | |

Medical History

AIDS/HIV Positive	Yes	No	Heart Attack (date _____)	Yes	No
Asthma/COPD	Yes	No	Heart Murmur	Yes	No
Arthritis/Rheumatism	Yes	No	Heart Surgery (date _____)	Yes	No
Artificial Heart Valve	Yes	No	Hepatitis	Yes	No
Atrial Fibrillation	Yes	No	High Cholesterol	Yes	No
Blood Transfusion	Yes	No	High Blood Pressure	Yes	No
Chest Pain	Yes	No	Inhaler Use	Yes	No
Chronic Cough	Yes	No	Kidney Disease	Yes	No
Cold/Canker Sores	Yes	No	Liver Disease	Yes	No
Congenital Heart Disease	Yes	No	Mitral Valve Prolapse	Yes	No
Cortisone Medicine	Yes	No	Neurological Disorders	Yes	No
Diabetes Type I	Yes	No	Nervous/Anxious	Yes	No
Diabetes Type II	Yes	No	Psychiatric Care	Yes	No
Emphysema	Yes	No	Stroke (date _____)	Yes	No
Epilepsy or Seizures	Yes	No	Swollen Ankles	Yes	No
Fainting or Dizzy Spells	Yes	No	Thyroid Disease	Yes	No
Glaucoma	Yes	No	Tuberculosis	Yes	No
Hay Fever	Yes	No	Substance Abuse	Yes	No

Females Only

Pregnant	Yes	No	Breast Feeding	Yes	No
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Are you currently taking any blood thinners? (Plavix, Coumadin, Xarelto, etc.) Yes No

If yes, list the blood thinner you are taking _____

Have you taken any osteoporosis medications in the last 10 years? (Boniva, Prolia, Fosamax, etc.) Yes No

If yes, please list the name of the medication _____

Do you have a history of tobacco use? Yes No

Former tobacco user Current cigarettes Current smokeless tobacco

Current Cigars Current E-Cigarettes

Medical History (continued)

Do you currently take any pre-medication before dental cleanings, treatment or exams for the protection of artificial joints or a medical condition? Yes No

Do you have any artificial joints? Yes No

If yes, please select the type(s) of artificial joints and surgery date(s):

Knee Hip Shoulder Other

Have you been diagnosed with cancer? Yes No

If yes, what type and when? _____

Did you have chemotherapy treatments? Yes No

Did you have radiation treatments? Yes No

If yes, were these treatments done to the head or neck area? Yes No

Please list any medications that you are *CURRENTLY* taking, along with dosages and reason for the medication. (Or you may attach a list of medications)

Please list your local pharmacy and the intersection where it is located:

Patient Signature

Date

Patient Printed Name



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

continued on next page

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date 1/15/19

This Notice of Privacy Practices applies to the following organizations.

This notice applies to the offices Dr. Scott F. Johnson DMD, MS, LLC. which includes the following locations:

*9170 Galleria Court
Suite 100
Naples, FL 34109
239-254-0308*

*23451 Walden Center Drive
Suite 300
Bonita Springs, FL 34134
239-948-6725*

*Privacy Officer: Nina Zambelli 9170 Galleria Court #100 Naples, FL 34109 239-254-0308
Nina@ParadiseCoastPeriodontics.com*

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Please print your name here

Signature

Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient.
- Other (Please provide specific details)

Employee signature Date

Directions to our Naples Office
9170 Galleria Ct #100
Naples, FL 34109
(239)254-0308

Coming from South: Traveling north on Airport-Pulling Rd. cross over the intersection at Vanderbilt Beach Rd. Make a left turn onto Galleria Dr. (PNC Bank will be there on the corner). Make the first right turn onto Galleria Court into the "Plaza at the Galleria". Our building will be the very last building in the back of the plaza on the right, building 9170.

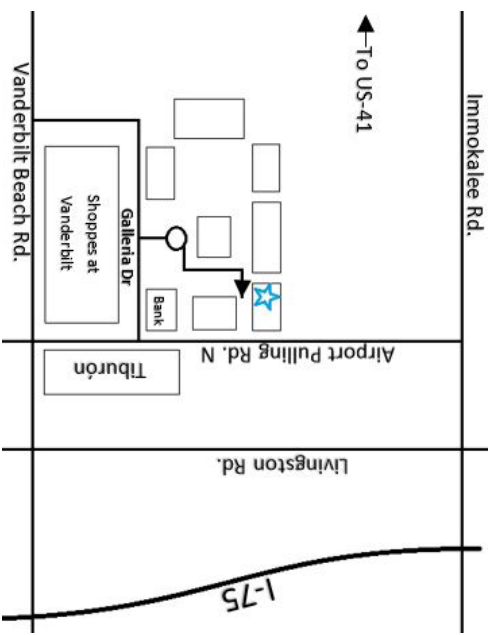
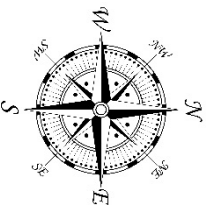
Coming from the North: Traveling south on Airport-Pulling Rd, make a right turn at the PNC Bank onto Galleria Drive (the bank is located before the intersection at Vanderbilt Beach Rd). Make the first right turn onto Galleria Court into the "Plaza at the Galleria". Our building will be the very last building in the back of the plaza on the right, building 9170

Directions to Bonita Springs Office
23451 Walden Center Drive #300
Bonita Springs, FL 34135
(239)948-6725

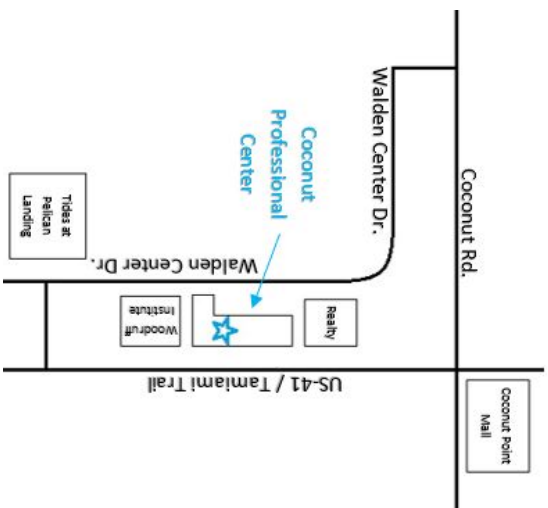
Coming from South or Bonita Beach Rd: Traveling north on US 41 to make a left turn at the intersection of 41 and Coconut Rd. Traveling west on Coconut Rd., make the immediate first left onto Walden Center Drive. Once you turn onto Walden Center Dr, the road will curve east and then south. We are the second building on the left; sign out front says "Coconut Professional Center".

Coming from the North or Fort Myers: Traveling south on US 41 (past Coconut Point Mall), make a right turn at the intersection of 41 and Coconut Road. Traveling west on Coconut Rd., make the immediate first left onto Walden Center Drive. Once you turn onto Walden Center Dr, the road will curve east and then south. We are the second building on the left; sign out front says "Coconut Professional Center".

Naples Location



Bonita Springs Location



For more detailed driving directions, please visit NaplesPerio.com