

HIPAA PRIVACY STANDARDS

Acknowledgement of Receipt of Notice of Privacy Practices

General Dentistry of Cape Cod

(Practice Name)

You May Refuse to Sign This Acknowledgment

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

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Your Name _____ Date: _____

We were wondering how you heard about **General Dentistry of Cape Cod, PC!**

Could you please provide the appropriate answer (check only one):

Friend or Family member's name: _____

If family, relationship to you? _____

- ◇ Internet – indicate internet search provider _____
- ◇ Verizon Yellow Pages _____
- ◇ YellowBook _____
- ◇ Koffee 98.7 & 100.5 Radio _____
- ◇ Our Lady of Victory Church Bulletin _____
- ◇ Cape Cod Symphony Orchestra Program Pamphlet _____
- ◇ Cotuit Center for the Arts Playbill _____
- ◇ Frank 93.5 FM Radio _____
- ◇ Yelp _____
- ◇ Angie's List _____
- ◇ WMVY Radio _____
- ◇ Other _____

Your Email Address: _____

NAME _____ DATE: _____

Your smile affects your self-image, and can greatly influence the quality of your interactions with others. Many people hold back from laughing or smiling because they are uncomfortable with their smile. The following questions are designed to honestly appraise your smile. Go to a mirror, smile as wide as you can, and ask yourself the following questions:

- Are any of your teeth yellow, stained or somewhat discolored? Yes No
- Would you like your teeth to be whiter? Yes No
- Do you have any gaps or spaces between your teeth? Yes No
- Are any of your teeth turned, crooked, or uneven? Yes No
- Are you missing any teeth? Yes No
- Do you see any pitting or defects on the surfaces of your teeth? Yes No
- Are the edges of any teeth worn down, chipped or uneven? Yes No
- Do any of your teeth appear too small, short, large or long? Yes No
- Do you have any prior dental work that appears unnatural? Yes No
- Do you have any crowns or bridges that appear dark at the edge of your gums? Yes No
- Do you have any gray, black or silver (mercury) fillings in your teeth? Yes No
- Do you have a "gummy" smile (too much of your gums show when smiling)? Yes No
- Are your gums red, sore, puffy, bleeding or receded? Yes No
- Does the appearance of your smile inhibit you from laughing or smiling? Yes No
- When being photographed, do you smile with your lips closed instead of flashing a full smile? Yes No
- Are you self-conscious about your teeth or smile? Yes No