



Dr. Phuong Ngo, D.D.S.
 3443 W Campbell Rd, Ste 650
 Garland, TX 75044
Phone: 972.414.1515 | Fax: 972.414.1818

Last Name: _____ First Name: _____ Birthday: _____

PATIENT QUESTIONNAIRE for HIPAA Compliance

1. Please list all family members (and their relationships to you), or other persons, if any, whom we may inform about your appointments, general dental condition, your diagnosis and financial information: _____

2. Please list the family members or significant other, if any, whom we may inform about your medical condition, ONLY IN AN EMERGENCY:

NAME (s) _____ PHONE: _____

3. Please print the address where you would like your billing statements and/or correspondence from our office to be sent.

4. Please print the phone number (s), if any, where you want to receive calls about your appointments, premedication, lab or any other dental or healthcare information:

******* I am aware that cordless phones and cellular phones may not be a secure and private line. *******

5. Can confidential messages (i.e. appointments reminders, lab results, pre-med, reminders, etc.) be left on your home answering machine or other phone numbers provided for our use?

Yes _____ NO _____

6. If I am ever in an unsecured area with the practice, and require privacy, for any reason, I will request to be moved to a private area to complete my needed transactions or correspondence (financial, treatment plan, diagnosis, etc.)

ACKNOWLEDGEMENT FORM

I have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that I am giving my permission to your use and disclosure of my protected health information in order to carry out treatment, payment activities, and healthcare operations. I also understand that I have the right to revoke permission.

Signature of Patient/Guardian: _____ Date: _____

Address: _____