Hillcrest Dental Care
788 South St, Pittsfield MA 01201

Medical History Update

Patient Name: _____ Address: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

- Name of Physician? _____
- Date of Last Medical Exam? _____
- Are you under the care of a Physician? _____ If so, why? _____

  _____
- Are you taking any medications? _____ List _____

  _____

  _____
- Do you need Pre-Med (Antibiotics) before Dental Treatment? _____

Do you or have you ever had any of the following?

	Yes	No		Yes	No
Heart Disease	_____	_____	Aids (HIV)	_____	_____
High Blood Pressure	_____	_____	Rheumatic Fever	_____	_____
Stroke	_____	_____	Hepatitis Type __	_____	_____
Artificial Valve, Joints	_____	_____	Ulcer	_____	_____
Respiratory Problems	_____	_____	Abnormal Bleeding	_____	_____
Diabetes	_____	_____	Mental Disorders	_____	_____
Epilepsy	_____	_____	Cancer	_____	_____
Allergies to Medicine	_____	_____	Radiation Treatment	_____	_____
Currently Pregnant	_____	_____	Tuberculosis	_____	_____

- Are you allergic to any medications? _____ List _____
- Have you had any recent surgery, or been hospitalized? _____

  _____
- Is there anything else we should know about your medical history? _____

  _____
- Has your insurance information changed? _____

I hearby authorize Hillcrest Dental Care to provide my dental treatment and to furnish information to my insurance carrier concerning diagnosis and treatment. Permission is given for release of my medical information to authorized individuals pertaining to continuity of care. **I understand that I am financially responsible for any or all of my bill that is not completely paid for by my insurance carrier.**

_____ _____
Patient/ Guardian Signature Date

_____ _____
Provider Initials Date 9/2011

Hillcrest Dental Care

Patient Name : _____ Date of Birth: _____

In order to assist us in keeping your information private please list any family, friends or caregivers that you would like to be involved in your care. By listing someone on this form you are authorizing Hillcrest Dental Care employees to discuss your treatment with them.

Name	Relationship	Date of Birth (for verification only)	Phone Number

Patient/Guardian Signature: _____

Date: _____

This information remains in effect unless terminated in writing by the patient/guardian.

788 South St. • Pittsfield, MA • tel: 413.445.6680 • fax: 413.443.3680

Patient's Bill of Rights

Your Rights as a Patient

We at Hillcrest Dental Care, Inc. support the rights of our patients. Because we want you to know your rights as a patient, here is a condensed version of the federal law and Massachusetts Patients' Bill of Rights. We encourage you to take an active role in your plan of care, including understanding your treatment and care. **If you have any questions, please contact the HDC, Inc. at 413.445.6680**.

Patient Rights

- You have the right to obtain the name and specialty of the doctor or other person responsible for your care.
- You have a right to confidentiality of all records and communications concerning your medical history and treatment to the extent provided by law.
- You have a right to a prompt response to all reasonable requests.
- You have a right to request and receive an explanation as to the relationship, if any, of this office and your doctor to any other facility or educational institution, insofar as any such relationship relates to your care.
- You have a right to request and receive information about financial assistance.
- You have a right to obtain a copy of any rules or regulations of this office which may apply to your conduct as a patient.
- You have a right upon request to inspect your records, request an amendment to, or receive an accounting of disclosures regarding personal health information, and for a reasonable fee, receive a copy of your record.
- You have a right to receive a copy of your record free if you show that your request is to support a claim or appeal under any provisions of the Social Security Act in any federal or state financial needs-based benefit program.
- You have a right to refuse to be observed, examined or treated by students or any other staff without jeopardizing your access to care.
- You have a right to personal dignity and, to the extent reasonably possible, to privacy during medical treatment and other care.
- You have the right to have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- You have a right to prompt life-saving treatment without discrimination due to economic status or source of payment.
- You have a right, if refused treatment for economic status or lack of a source of payment, to prompt and safe transfer to a facility that agrees to provide treatment.
- You have a right to informed consent to the extent provided by law.
- You have a right to request and receive an itemized explanation of your bill.
- You have the right to file a grievance by calling the Operations Director at 413.445.6680, if you have concerns regarding your care and treatment. In addition, you have the right to file a grievance with either the Massachusetts Department of Public Health, Division of Health Care Quality (617-753-8000), 99 Chauncy Street, 2nd Floor, Boston, MA 02111
- You have the right to be informed of your oral health status, be involved in care planning and treatment and be able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically necessary or inappropriate.
- You have the right to formulate advance directives and to have the staff and practitioners who provide care in the office comply with these directives.
- You have the right to access advocacy or protective services and to be free from all forms of abuse and harassment.
- You have the rights to be free from seclusion and restraints of any form that are not necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

- You have the right to have your consent obtained prior to any recording or filming of care treatment and services provided to you which is made for purposes other than the identification, diagnosis or treatment.
- You have the right to be informed about outcomes of care, treatment, and services that have been provided including unanticipated outcomes.
- You have the right to effective communication and to receive information in a manner that you understand.
- You have the right to pain management.

Patients' Responsibilities

As a HDC, Inc patient, we ask that you accept the following responsibilities. This will help us provide the best possible care and will foster an environment of respect and consideration.

- Please give your doctors, hygienists or staff the most accurate information about your medical history, present condition, medications, and other relevant aspects of your health
- If your condition changes or if you feel something is "different" about the way you feel, please tell your doctor or staff right away
- If you experience pain, please tell your doctor or staff and work with them to develop a pain management plan
- Please follow your doctors' and hygienists' instructions. Any requests they make are in the best interest of your health and safety
- If you do not understand or have forgotten the instructions given by your caregivers, ask for clarification
- If you cannot comply with your doctors' or hygienists' instructions, please let them know right away
- Please follow all office regulations
- Please be considerate of the rights of other patients and all members of the HDC, Inc staff
- Please be respectful of others' personal possessions
- Please be respectful of office property
- Please provide accurate health insurance, managed care, or other financial information so we can work effectively with the necessary organizations to process your bill

Any patient who believes that his/her rights have been violated may submit complaints or questions to:

Hillcrest Dental Care, Inc
788 South Street
Pittsfield, MA 01201 413-445-6680

Massachusetts Department of Public Health
Division of Health Care Quality
99 Chauncy Street, Second Floor
Boston, MA, 02111 617-753-8000