



PRIVACY CONSENT

This form is required by the new patient privacy regulations recently issued by the United States Department of Health and Human Services. Prior to commencing your orthodontic treatment, you must review, sign and date this form.

Your protected health information (i.e., individually identifiable information such as names, dates, phone/fax numbers, e-mail addresses and demographic data) may be used in connection with your treatment, payment of your account or health care operations (i.e., performance reviews, certification, accreditation and licensure).

You have the right to review our office's privacy notice prior to signing this Consent, which we have available in our office.

You have the right to request restrictions on the use of your protected health information. However, we are not required to, and may not, honor your request.

We include names of new patients, completed patients and contest winners in our newsletter.

We may amend the privacy notice and if we do, we will make a copy of the changes available to you in the office.

You may revoke this Consent at any time in writing. However, such revocation will not be effective to the extent that any action has been taken in reliance on this Consent.

Thank you for your cooperation. Please let us know if you have any questions.

Patient's Signature or parent if patient is a minor

Print name

Date