



Privacy Consent

This form is optional under the new patient regulations recently issued by the United States Department of Health and Human Services. We have elected to use this form. Prior to commencing your orthodontic treatment, you should review, sign and date this form.

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

You have the right to review our office's privacy notice prior to signing this Consent. The office's privacy notice will be available at the front desk to review. We may amend the privacy notice at any time.

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.

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 – Parent - Patient's Signature/Guardian

Print Patient's Name

Date