Reflections Orthodontics, P.C.

Privacy Is Important to Us

Acknowledgement of Receipt of Notice of Privacy Policies

I received a copy of the Notice of Privacy of Reflections Orthodontics, P.C.. I hereby authorize, as indicated by my signature below, Reflections Orthodontics, P.C. to use and to disclose my protected health information for any necessary clinical, financial, and insurance purpose, as authorized in the Patient Consent form.

_____ _____

Print Name Address

_____ _____

Signature Date

Please check our preferred means of communications:

_____ You may contact me at my home number _____
_____ You may contact me on my mobile telephone number _____
_____ You may contact me on my work telephone number _____
_____ You may send me an email at: _____
_____ Other: _____

Please list authorized persons with whom we may discuss your Protected Health Informations (PHI). Please notify us if you desire to remove a name from this list in the future.

1. _____Relationship: _____Date_____(circle):added/removed
2. _____Relationship: _____Date_____(circle):added/removed
3. _____Relationship: _____Date_____(circle):added/removed
4. _____Relationship: _____Date_____(circle):added/removed

Photo Release Form:

I grant permission for Reflections Orthodontics to use photographs and/or video for online, and in other social media communications. (initial one)

____ I accept
____ I decline

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: (check one)

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

Staff Person Initials _____