



SUMMIT ORTHODONTICS PRIVACY CONSENT

We value the privacy of our patients and understand the need to protect private health information. However, to better serve you, we are electing to use this consent form, which allows us access to valuable health information to be used only in conjunction with your orthodontic treatment. This form is optional under the new patient privacy regulations issued by the United States Department of Health and Human Services.

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 conjunction with your treatment, payment on your account or healthcare options (i.e., performance reviews, certification, accreditation and licensure).

As our valued patient, you have the right to review our office's privacy notice prior to signing this Consent. An open room setting is used in our office. Due to the nature of this open setting, incidental disclosure may occur, however all reasonable precautions will be taken to protect patient privacy.

You also have the right to request restrictions on the use of you protected health information. However, if we feel the information is necessary in meeting your treatment needs, we are not required to honor your request.

Our office does reserve the right to amend the attached Privacy Notice at any time. If we do make amendments to the Notice, we will provide you with a copy of the changes. In addition, the changes may not be implemented prior to the effective date of the revised notice.

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

Thank you for your cooperation. We value you as a patient and strive to provide you with the best possible treatment for your specific needs. Please let us know if you have any questions regarding this form or the attached Privacy Notice. We look forward to serving you.

Patient's Signature _____ Date _____

Signature of Parent or Guardian _____

BRACE
YOURSELF
for a smile!

SUMMIT ORTHODONTICS
NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT

***You may refuse to sign this Acknowledgement**

I, _____ (print name), hereby acknowledge that I have been offered an opportunity to read and/or receive a copy of Dr. Thompson's Privacy Notice.

Patient's/Parent's Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of Notice of Privacy Practices receipt, but we unable to obtain because:

- Individual refused to sign
- Communication barriers prevented obtaining acknowledgement
- An emergency situation prevented obtaining acknowledgement
- Other (Please Specify)

Notes: _____

