

PRIVACY CONSENT

Your protected health information may need to be used in connection with your treatment, payment of your account, or health care operations. Please check all boxes you consent to.

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- Patient treatment notes used in discussion with other Doctors' offices for treatment purposes.
- Patient X-rays and pictures emailed, faxed or mailed to other Doctors' offices for treatment purposes.
- Patient pictures posted to Social Media sites such as Facebook to celebrate removal of appliances, etc.
- Patient pictures and treatment information used by the Doctor for educational purposes.

You have the right to review this Privacy Consent at any time.

Responsible Party: _____ Relationship: _____

Signature: _____ Date: _____

Patient Name: _____

Fill Out form, print and bring to your free consultation. Or save a copy and email it to info@gadsdenorthodontist.com