



NOTICE OF PRIVACY PRACTICES Acknowledgement of Receipt

The Notice of Privacy Practices tells you how Trammell Orthodontics may collect, use or disclose health information about you and tells you about your privacy rights. This office is required to offer you a Notice of Privacy Practices by federal law. *You may refuse to sign this acknowledgement.

I, _____, have received a copy of this office's Notice of Privacy Practices.

Patient's Name

Responsible Party's Signature

Date

NEWSLETTER CONSENT:

We love to celebrate our patients! We may use your name and/or photos in our newsletter, on our office website, Facebook page, on our bulletin board or in the office for the purpose of highlighting (patient) as a contest winner, having braces places or taken off, or other special interest features (patient spotlight) etc.

I consent to using the name and photo of the patient(s) named on this form for these purposes:

I do not consent to using the name and photo of the patient(s) named on this form for these purposes.

Responsible Party's Signature

Date

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:

- Individual Refused to Sign.
- Communications barriers prohibited obtaining the acknowledgement.
- An emergency situation prevent us from obtaining acknowledgement.
- Other (Please specify) _____