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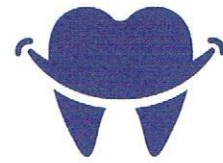
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BRITTON
ORTHODONTICS

PRIVACY CONSENT

This form is optional under the new patient privacy 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 number, 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, accreditation and licensure).

You have the right to review our office policy notice prior to signing this Consent, a copy of which is hanging on the wall near the front desk.

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.

We may amend the privacy notice at any time. If we do, we will notify you of such changes and the changes may not be implemented prior to the effective date of the revised notice.

We 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 to this Consent.

Thank you for your cooperation. Please let us know if you have any questions.

PATIENT/PARENT Signature _____

PRINT NAME _____

Print Patient's Name if said patient is a minor _____

Date _____

Our office provides appointment reminders via automated phone messages, email and text messages.

Email address: _____

Cell Phone # for Text Messages: _____