

Privacy & Photographic Consent

Privacy Consent (HIPAA)

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 connection with your treatment, payment of your account or health care operation (i.e., performance reviews, certification accreditation and licensure).

You have the right to review our office's privacy notice prior to signing this Consent (see back page), if you would like a copy of the Consent please notify 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 attached privacy notice at any time. If we do, we will provide you with a copy of the changes, and the changes may not be implemented prior to the effective date of the revised notice.

You 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 on the Consent.

Signature (Responsible Party) _____ Date: _____

Photographic Consent

(self)

I hereby give permission to Boley Braces to use my name, photographic likeness, in media for marketing, advertising, trade, and any other lawful purpose.

Signature _____ Date: _____

(minor)

I hereby give permission to Boley Braces to use my child's name, photographic likeness, in media for marketing, advertising, trade, and any other lawful purpose.

Parent/Guardian Signature _____ Date: _____

- ☐ I decline to have photos used

Signature _____ Date: _____