Privacy Acknowledgement for
Mill Creek Orthodontics
32 Mill Creek Dr., Suite 107
Charlottesville, VA 22902

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I have certain rights to privacy regarding my protected health information, I understand that this information can and will be used to:

• Conduct, plan and direct my orthodontic treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.

• Obtain payment from third-party payers.

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that South Side Orthodontics has the right to change its Notice of Privacy Practices from time to time and that I may contact them at any time at the address above to obtain a current copy of the Notice of Private Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____

Relationship to patient: _____

Signature: _____

Date: _____

PHOTO CONSENT
I hereby give Mill Creek Orthodontics, and any and all employees and/or agents
of Mill Creek Orthodontics, the right and permission to use and/or publish
photographs of me or my child for art and promotional purposes including but not limited
to, advertising, publicity, commercial or display of use. Also authorize
photos to be posted on social media, such as Facebook, Twitter, and the
office's website page.

Initial the following:
_____Yes, you may use my photos.
_____No, please do not use my photos.

Name of Patient: _____
Patient or Parent/Guardian Signature: _____
Date: _____
****
Office Use Only
I attempted to obtain the patient's signature of acknowledgement on this Notice of Privacy Practices
Acknowledgement, but was unable to do so as documented below.

Date:	Initials:	Reason: