



Acknowledgement of Privacy Practices

[Today's Date]

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. However, you may consent to receive email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication. Our first email to you will verify the email address you provide.

Please read and check the appropriate boxes for and in behalf of : _____
[Please Print Name]

I have received a copy of or been given access to the Marston Orthodontics Notice of Privacy Practices. (available upon request or at www.marstonorthodontics.com)

I consent to and accept the risk in receiving information via email. I understand I can withdraw my consent at any time.

I consent to receiving appointment reminders via email and/or text. I understand I can withdraw my consent at any time.

OR

I do not consent to receiving any information via email or text. I understand that I can change my mind and provide consent later. *****WE DO NOT CONFIRM APPOINTMENTS VIA THE PHONE. IF YOU OPT OUT, YOU WILL NOT RECEIVE APPOINTMENT REMINDERS*****

[Please Print Name]

[Signature]

[Date]

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Relationship to patient _____