

PRIVACY PRACTICES ACKNOWLEDGEMENT

ACKNOWLEDGEMENT FORM

By signing this form, I acknowledge that I have had the opportunity to review the "Notice of Privacy Practices" at Brookway Dental.

Further, I grant permission to Brookway Dental and its employees to discuss/release data contained in or relating to my dental records with the following designated individuals:

- 1) _____ relationship: _____
2) _____ relationship: _____
3) _____ relationship: _____

I consent to photography, filming, recording, and radiographs (x-rays) procedure(s) to be performed for the advancement of general dentistry as specifically noted below, provided my identity is not revealed.

- | | | |
|---|--|---|
| <input type="checkbox"/> Before treatment | <input type="checkbox"/> For in-office educational viewing by other Brookway Dental patients | <input type="checkbox"/> Brookway Dental's internet/website use |
| <input type="checkbox"/> After treatment | | <input type="checkbox"/> General advertising |

GENERAL & COSMETIC DENTISTRY

COMMUNICATIONS REGARDING MY ACCOUNTS:

Furthermore, until my accounts are finally settled, I give my direct consent to receive communications regarding my accounts from any servicers and any collectors of my accounts, through various means such as 1) any cell, landline, or text number that I provide, 2) any email address that I provide, 3) auto dialer systems, 4) voicemail messages, and other forms of communications.

Patient Name _____ Birth date: _____
(Printed)

Signature _____

- Patient
 Guardian/Guarantor

Date: _____