Renick Orthodontics
700 C W. Cherry Street Sunbury, Ohio 43074
740-936-5003 ***www.Renickortho.com*** info@Renickortho.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT NAME: _____

I, _____, have received a copy of this office's Notice of Privacy Practices.

Print Name _____ Signature _____ Date _____

◇ I have chosen not to sign this acknowledgement _____(initial).

I consent to the use of patient name, picture(s), & related information for the following listed below. I understand that the information will be used judiciously with as little information presented as possible beyond the scope of the intent. This permission may be revoked at any time in writing.

Please check YES or NO for EACH item listed.

PATIENT EDUCATION(CASE PRESENTATION) This is used to show similar cases to other patients.		◇ YES	◇ NO
OFFICE WEBSITE		◇ YES	◇ NO
OFFICE FACEBOOK PAGE		◇ YES	◇ NO
BULLETIN BOARDS AND OFFICE POSTINGS		◇ YES	◇ NO
NEWSLETTERS		◇ YES	◇ NO

Print Name _____ Signature _____ Date _____

PERMISSION TO LEAVE MESSAGES

There are times that the office may be required to contact you, either about treatment or for scheduling purposes. Please check off the following ways we may contact you or leave a message.

Contact Name		
	□ Cell Phone:	
	□ Email:	
	□ Home Phone:	
Contact Name		
	□ Cell Phone:	
	□ Email:	
	□ Home Phone:	

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