

ASSOCIATED ORTHODONTISTS OF INDIANA, INC.

John G. Rapp, D.D.S.
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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

➤ YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

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

Signature

Date

Name of child/ children

SOCIAL MEDIA CONSENT/RELEASE FORM

I, _____, *consent that Associated Orthodontists of Indiana, Inc. may use*
Print Name
photographs/videos of the patient(s) on their social media accounts to promote the practice
and I understand they will not be used for any other commercial purpose.

Signature

Date

Name of child/ children

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices and Social Media Consent Forms, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify) _____