



New Patient Information and Health History, 2

Please assist us with the following additional information. Initial each section agreeing that you understanding the content. Kindly ask questions if needed. Thank You

Patient Name _____ Parent/Guardian _____

HIPAA Acknowledgement

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides patients with important privacy rights and protections with respect to their health information, including important controls over how their health information is used and disclosed by health plans and health care providers. Please see the HIPAA Notice of Privacy Practices information that is found in the Patient Center located on the bottom of our web site prior signing/submitting your new patient information. You may print the information or receive a copy from our office.

I understand that at any time, this authorization may be revoked, when the office that receives this authorization receives a written revocation, although that revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed. I understand that my health care and the payment for my healthcare will not be affected if I refuse to sign this form.

Initial _____

Broken Appointment Policy

Realizing that we all have busy schedules and that unforeseen situations may occur, we wish to make you aware of the scheduling guidelines for our dental practice. If you find that you are unable to keep your scheduled appointment, we require 2 full business days' notice in order to prevent a failed appointment fee of \$50.00. Please understand this is not something we desire to do.

I understand the above information and agree to its contents. Initial _____

Photograph and Video Release For Dental Treatment

I grant permission to Dental Buddies/Dental Partners of Vero Beach its associates and affiliates, to take photographs/X-Rays of my child. I hereby grant them permission to reproduce, publish, print, use, and distribute copies of such photographs/x-ray either in the official medical publication or in the form of prints, slides or film for the use in connection with articles, lectures, and promotional pieces dealing with jaw, dental disorders or cosmetic renovations. I specifically waive any claim for invasion of my child's personal privacy, which might accrue to them on account of the use of such pictures without my express consent in each instance.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs and or video.

Please Note: Photography taken during treatment are used by our laboratories for cosmetic purposes for the fabrication of crowns, clear aligners and a variety of orthodontic procedures and are a part of your permanent dental records. In the case of extensive treatment these photos are shared with professional colleagues for the purpose of ongoing treatment success.

☐ I agree to allow Dental Buddies/Dental Partners of Vero Beach, its staff, their publicity representatives, representatives of the practice, and their affiliates to use my child's photographs and or video for the purpose of dental treatment. Initial _____

Photograph and Video Release, For Fun & Social Media

☐ I agree to allow Dental Buddies/Dental Partners of Vero Beach to use my child's photos, full face view, for the purpose of in office photos, social media and or other marketing materials, and I waive any right to royalties or other compensation arising from or related to the use of the photographs and or video.

☐ **I DO NOT WANT MY CHILDS PHOTO TO BE USED FOR SOCIAL MEDIA PURPOSES.**

I fully understand the contents of this document, meaning and impact of this above information in all four sections and agree to its contents.

Parent/Guardian Signature: _____ Date: _____