

BARRER & WHITE

ORTHODONTISTS

311 Penn Avenue
West Reading, PA 19611
610-376-3956

In order to comply with specific rules regarding HIPAA, (Health Insurance Portability and Accountability Act of 1996) we ask that our patients or parents review and sign our privacy notice and authorization of release of health information.

Please list the people (including parents, if patient is a minor) who we can release information to.

Patient Name _____

List of authorized people:

Parents _____

Spouse _____

Other contacts (please list relationship to patient)

Our practice has open areas where patients are treated and progress is reviewed with authorized people. If you have any concerns regarding your privacy, please contact the privacy officer, Dr. Douglas White in writing so that your concerns can be addressed.

Patient/Guardian Signature _____ Date _____

Release and Authorization

From time to time our practice features patients in clinical presentations, new consultations and for advertising/marketing purposes. By signing this release, I hereby give Barrer & White Orthodontists, Ltd. and all persons and companies acting with their authority, permission to copyright, use, re-use, publish, and/or republish any and all photographic portraits, pictures and/or video graphic pictures or recordings of me and/or my minor child(ren) listed below, or audio recordings of my voice or the voice(s) of my minor child(ren) listed below, or in which I am (or they are) included, without restriction. I also consent to the use of printed matter in conjunction therewith.

I have read the above Release and Authorization and am familiar with the contents thereof.

Name _____

Name(s) of minor child(ren) _____

Signature _____ Date _____ Phone _____