



11120 SW 88<sup>th</sup> Street, Suite #107  
Miami, FL 33176  
(786) 360-1048

### HIPAA Compliance

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Patient Name: \_\_\_\_\_

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information. The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent. Protected health information may be disclosed or used for treatment, payment, or healthcare operations. The practice reserves the right to change the privacy policy as allowed by law. The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions. The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease. The practice may condition receipt of treatment upon execution of this consent.

May we phone, email, or send a text to you to confirm appointments, send billing, dental and medical information?

**YES**            **NO**

May we leave a message on your answering machine at home or on your cell phone?

**YES**            **NO**

May we discuss your medical condition with any member of your family? **YES**            **NO**

Discuss with dentist, doctor or medical professionals?

**YES**            **NO**

If **YES**, please name the members allowed:

\_\_\_\_\_

\_\_\_\_\_

Signature of Legal Guardian or patient: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

### Photo Release Form

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I grant to **WiseBraces**, its representatives and employees the right to the use of my personal image and likeness; representing and depicting the treatment provided.

I authorize **WiseBraces** its assigns and transferees to copyright, use and publish the same in print and or electronically.

I agree that **WiseBraces** may use such photographs and video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

I understand that **WiseBraces** will make all reasonable efforts to safeguard my privacy as required by applicable law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand, however, that Wise Braces cannot guarantee my complete privacy in the event my image or likeness is used by third party.

I warrant that I am at least 18 years of age and/or represent as a legal guardian of the above-mentioned individual, and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

I do not give **WiseBraces**, its representatives and employees the authority to use my image or likeness.