

## Patient Consent and Privacy Agreement

### For The Collection, Use and Disclosure of Your Personal Information

Kuppers Orthodontics understands the importance of protecting your personal information. Our office will collect, use and disclose information about you for the following purposes:

- > To assess your health needs, advise you of treatment options and provide healthcare.
- > To enable us to contact you and to establish and maintain communication with you.
- > To communicate with other treating health-care providers, including physicians, specialists and your primary care dental office.

I understand that Kuppers Orthodontics has a Privacy Code and I can ask to see the Code at any time.

I give permission for Kuppers Orthodontics to disclose my personal health information as necessary for my health care; with the understanding that all reasonable precautions will be taken to protect my privacy.

#### Email Consent:

I authorize Kuppers Orthodontics to use the email provided for the purpose of maintaining correspondence about office events, educational information and for appointment reminders and confirmation.

Yes  No

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Signature of Patient / Parent or Guardian

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Print Patient's Name

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Signature of Witness

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Date