



Privacy Consent and Email Authorization

This form is optional under the U.S. Department of Health and Human Services patient privacy regulations.

Your protected health information such as name, address, dates, phone/fax numbers, email and social security numbers may be used in connection with your treatment, payments on your account, or health care operations. You may revoke your consent, in writing, at any time.

All insurance electronic claims are done with encryption through a secure website.

At times we may need to communicate with you, your dentist and other health care providers via email. By signing this form you give Cohen Orthodontics permission to communicate with you and your health care providers and insurance providers via email or other electronic means, without encryption or special security precautions, which may be accessed by a third party while in transit. The patient information that may be emailed may include x-rays, photos, health history, diagnosis, treatment, and payment records. Cohen Orthodontics **DOES NOT** email sensitive personal information such as social security numbers, credit card numbers, mental health diagnosis, genetic information etc.

You can tell us in writing to stop emailing your patient information at any time. This will not affect emails that Cohen Orthodontics already sent before receiving your written instructions to stop.

Patient name (please print)

Signature of patient / guardian _____ Date _____