



Dr. Todd Rasch, DDS, MS

Privacy, General & Photographic Consent

Patient Name: _____

Date: _____

Privacy Consent

Your protected health information (i.e., individually identifiable information such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used in connection with your treatment, payment of your account or health care operations (i.e., performance reviews, certification, accreditation and licensure).

You have the right to review our office’s privacy notice prior to signing this Consent, a copy which was given to you with this Consent.

You have the right to request restrictions on the use of your protected health information.

We may amend the attached privacy notice at any time. If we do, we will provide you with a copy of the changes, and the changes may not be implemented prior to the effective date of the revised notice.

You may revoke this Consent at any time in writing. However, such revocation will not be effective to the extent that any action has been taken in reliance on this Consent.

Signature (Responsible Party) _____

Date: _____

Consent for Treatment

I hereby authorize Rasch Orthodontics, LLC and its employees, staff and agents to take x-rays, study models, photographs and/or any other diagnostic aids deemed necessary by Dr. Rasch to make a thorough diagnosis of me or my dependent’s dental needs.

Upon such diagnosis, I authorize Rasch Orthodontics, LLC to perform all recommended treatment agreed upon by me, and to give such assistance as required to provide proper care. I understand that I may ask for a full explanation of any possible complications. Please let us know if you have any questions.

Signature (Responsible Party) _____

Date: _____

Consent for Photographs

I hereby give my permission to **Rasch Orthodontics/Dr. Todd Rasch** to use my name, photographic likeness, in media for marketing, advertising, trade, and any other lawful purpose.

Signature (Responsible Party) _____

Date: _____