



HIPPA Consent Form

Acknowledgement of Receipt of Notice of Privacy Practice and Electronic Images Release Form

Yes, I have read or have been given an opportunity to read Beacon Dental Center's HIPPA Privacy Policy.

Furthermore, understand and give Beacon Dental Center permission to use all of my or my child's records for educational and publication purposes. I understand that photographs of my or my child's face and/or mouth may be taken as part of these records.

Printed Name

Signature

Date