



Michael J. Maslowski, D.D.S., M.S.  
Brian M. Michel, D.D.S., M.S.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**Email Communication Agreement**

I authorize Vivid Orthodontics to communicate via email, without prior notice, relating to my treatment, health, or payment by email or other electronic means, without encryption or special security precautions, to me or someone I designate, or to other health care providers, health plans and others involved in my treatment, payment for my treatment, or Vivid Orthodontics health care operations. The patient information that may be emailed may include my x-rays, health history, diagnosis, treatment, and payment records. I understand that my Protected Health Information may be contained in these emails.

**I am aware that there is some level of risk that third parties might be able to read unencrypted emails.**

I am responsible for providing the dental practice any updates to my email address.

I can withdraw my consent to electronic communications by calling: (920)739-2400 or in writing at any time, but if I do so, this will not affect emails that Sawyer Creek Orthodontics already sent before receiving my instructions to stop.

Signature: \_\_\_\_\_  
(Patient or Parent/Guardian if under age 18)

**Photo/Video Release**

I hereby give Vivid Orthodontics permission to use, reuse, publish, republish and copyright in the name of Vivid Orthodontics any photographs in which I am pictured, including my name and where the photograph was taken for the purpose of, **please select choice(s)**:

- Social Media including, but not limited to: Facebook and Instagram
- Any Vivid Orthodontics media including, but not limited to: website, diagnostic purposes, e-newsletters, flyers, brochures, posters, advertising, mass media or other electronic and print publications

I hereby waive any right that I may have to inspect or approve the final photograph or the use to which it may be applied and release Vivid Orthodontics from any and all claims, including claims for libel, arising out of the use of the organizational profile or photograph.

- I **DO NOT** give permission for Vivid Orthodontics to use any photographs in which I am pictured for the use of social media or print publications.

Signature: \_\_\_\_\_  
(Patient or Parent/Guardian if under age 18)

**Notice of Privacy Practices**

**\*\*You May Refuse to Sign This Acknowledgment\*\***

**I have received a copy of this office's Notice of Privacy Practices.**

Signature: \_\_\_\_\_  
(Patient or Parent/Guardian if under age 18)

**FOR OFFICE USE ONLY:**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_