



ORTHODONTICS

Dr. Hoda Salim, DDS, MS

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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

I, \_\_\_\_\_, have received a copy of this office's Notice of Practices.

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(Please Print Name)

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(Signature)

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(Date)

I, \_\_\_\_\_, also give permission for the use of photographs and records made in the process of examination, treatment and retention to be used for the purpose of research, education, or publication in professional journals. Including posting photographs on SS Orthodontics smile family wall (in the office) and all SS Orthodontics social media accounts: Instagram, Facebook, TiK Tok and Google.

Permission to text \_\_\_\_\_ and Email \_\_\_\_\_, appointment confirmation, statement.

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