

Baumwoll Orthodontics

390 Route 10, Randolph, NJ · (973) 989-5100 · www.baumwollorthodontics.com



HIPAA Acknowledgment Form

Patient Name: _____

Date of Birth: _____

I acknowledge that I have received and reviewed the Notice of Privacy Practices from Baumwoll Orthodontics. This Notice describes how my health information may be used and disclosed, and outlines my rights under the Health Insurance Portability and Accountability Act (HIPAA).

I understand that:

- Baumwoll Orthodontics may use and disclose my health information for treatment, payment, and healthcare operations.
 - I have the right to request restrictions, access my records, and request amendments as outlined in the Notice.
 - I may contact the office with any questions or concerns regarding my privacy rights.
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SMS Disclosure

By providing a telephone number and submitting this form, you consent to receive SMS text messages from Baumwoll Orthodontics about our services. Message frequency may vary. Message and data rates may apply. Reply **STOP** to opt out of further messaging and **HELP** for assistance or call (973) 989-5100. Please see our Privacy Policy.

Signature of Patient or Legal Guardian: _____

Date: _____

If signed by Legal Guardian, print name: _____

Relationship to Patient: _____
