



## New Patient Acknowledgements

**Consent to Examine:** Drs. Siargos and Israel have my permission to examine myself/my child's skeletal growth and dental development. I understand that treatment recommendations will be explained simply and clearly and that I am encouraged to ask questions until I fully understand the recommendations. Drs. Siargos and Israel have my permission to share records with my dentist or referring specialists as needed.

**Consent for Photograph Usage:** I provide consent for the use of orthodontic records, including photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication in professional journals or as part of promotional purposes (office bulletin board, Facebook, Instagram), for the duration that Drs. Siargos and Israel practice at Willow Lake Orthodontics.

**HIPAA Acknowledgement:** I have been provided a copy of the HIPAA Statement for Willow Lake Orthodontics; I have reviewed it and have no outstanding questions. I understand that I have HIPAA compliant access to appointment/financial/progress information through the Patient Log-In at [www.willowlakeortho.com](http://www.willowlakeortho.com).

**Contact Information Directions:** I provide consent for Willow Lake Orthodontics to leave a message on all the numbers provided on the patient intake forms. I understand that texts, emails, and phone messages may not meet the HIPAA compliance standards if I elect for their use.

**Consent to Assign Benefits for Insurance:** I authorize Willow Lake Orthodontics to file for benefits from my insurance company. I understand that the estimated insurance is filed and collected on my behalf, however, I am ultimately responsible should the payments not be received.

**Responsible Party Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Patients to be covered by these signatures: \_\_\_\_\_