

# MAIN STREET DENTAL

## Acknowledgement of Receipt of Notice of Privacy Practices

\*You may refuse to sign the acknowledgment\*

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO RELEASE

I agree that Main Street Dental PLLC and Dr. Lana Lewis (the "Dentist") shall have the right and license to display photographs, videos and audio recordings of me for advertising and/or similar commercial purposes for Main Street Dental until 1/1/2050. I understand and agree that these photographs, videos and/ or audio recordings of me will be displayed to, be viewed by and otherwise presented to, the parents, prospective patients, dental and office staff, and other persons who may enter the office of the dentist or search the dentists website. There has been no agreement to pay me any compensation in consideration of the rights I am granting to the Dentist.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

## DESIGNATION OF PERSONAL REPRESENTATIVE

The following individuals are authorized to receive and discuss written or verbal medical information about my treatment and myself with Dr. Lewis or her staff. I understand that sensitive information will be available to the person listed below.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_