



### Claus Orthodontics Photo Authorization

I authorize Claus Orthodontics to post facial photos in areas of the office, which are open to public display. I also authorize placement of facial photos with use of name, treatment information, and quote about my orthodontic outcome online on [www.claussortho.com](http://www.claussortho.com) and on the Claus Orthodontics' Facebook page, which are open to public display. I understand it is my right to refuse this or request that such above mentioned be removed at any time.

Patient Name: \_\_\_\_\_

Patient (if over 18)  
/ Parent Signature: \_\_\_\_\_

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

### Privacy Practices Documentation

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Patient (if over 18)  
/ Parent Signature: \_\_\_\_\_

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

----- To Be Completed by Front Desk -----

Written acknowledgement could not be documented due to:

- Patient refused to sign
- Personal representation not available to sign
- Language, communication, or effects of disability impeded acknowledgement
- Other, please specify \_\_\_\_\_

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