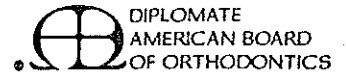


**Donald L. Simi, D.M.D.**

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## PRIVACY AUTHORIZATION

This Authorization is required by the privacy regulations recently promulgated by the United States Department of Health and Human Services.

Your protected health information, including individually identifiable information, such as names, dates, demographic data, photographs, x-rays, study models, day and month of birth, school, club and sports affiliations (identify specific data) will be used or disclosed for the purpose of (check all that apply):

- Lectures/presentations;
- Publications;
- Research;
- Practice Marketing; and/or
- Other (specify): Office Bulletin Board: We may display news about you as it appears in local newspapers, display your name as winner of any office contests and display your name to wish you a happy birthday.
- Professional Study Club: Dr. Simi may elect to discuss diagnosis, treatment plan options, treatment progress and results with other orthodontists in order to improve anticipated orthodontic treatment results.

This information will be disclosed by the following people:

Donald L. Simi, D.M.D  
Pamela Simi

The information will be disclosed to the following people/entities:

Patients, parents, prospective patients and parents, orthodontic product salespeople, other dental health professionals who visit our waiting room  
Other orthodontists in the Eastern Massachusetts area who are members of Dr. Simi's professional study club

This Authorization will expire on January 1, 2025.

You have the right to revoke this Authorization at any time in writing. However, your revocation will not be effective to the extent that this Authorization has been relied on.

The information used or disclosed per this Authorization may be subject to re-disclosure by the recipient(s), and thus, no longer protected by the privacy rules.

\_\_\_\_\_  
Patient/Parent Signature

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date