

# Photo & Video Release Form

By signing this form, the patient consents to the use of their, or their dependent's, images and/or videos on our practice's website, social media platforms (including Facebook), Google ads, and other marketing collateral. Dentive (our partner) can also use the images/videos for website or marketing collateral. This consent is granted indefinitely.

We assure that no medical records or personal information will be disclosed on the website and/or marketing materials, unless you share it publicly during our video shoot or give us consent to do so. Our practice is committed to protecting patient privacy in accordance with applicable laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I, \_\_\_\_\_, the patient, or the parent or legal guardian  
*(Please print your first and last name)*

of \_\_\_\_\_  
*(Please print your dependent's first and last name)*

grant \_\_\_\_\_ permission to use the photographs or  
*(practice's name)*

videos as described for website content and/or other marketing materials.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

\_\_\_\_\_  
*(Please sign here)*

\_\_\_\_\_  
*(Date)*