PEAK DENTAL
COSMETIC & FAMILY DENTISTRY
11132 Broad River Rd. Ste. A&B Irmo, SC 29063
803.828.4737
www.PeakDentalSC.com

Authorization For Use of Photographic and/or Video Images

Patient Name _____ Date_____

Before and after photographs are commonly taken prior to any esthetic dental work here at Peak Dental. This form is to give us your permission to use such photographs for social media marketing purposes. These photographs are taken of the teeth only, no faces or names are used for these purposes. On occasion we do post video clips in office of procedures being performed as well. If you authorize the use of these photographs/videos *please sign the form at the bottom granting us your permission* for such usage.

Purpose: The photographic/video images and/or testimonial will be used for: Social Media and Marketing/advertising purposes.

Revocability: I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the practice to be scanned into patient chart. This authorization expires 99 years from date signed.

No Treatment Conditions: I understand that the practice cannot condition treatment on whether or not I sign this authorization.

NO I DO NOT WISH TO HAVE MY PHOTOGRAPHS USED FOR MARKETING PURPOSES.

Patient Signature _____

YES I AUTHORIZE THE USAGE OF MY PHOTOGRAPHS FOR MARKETING PURPOSES.

Patient Signature _____

I authorize the use and disclosure by the Peak Dental. I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPPA privacy regulations.