



PHOTO AND VIDEO CONSENT

PLEASE READ BELOW FOR DETAILED INFORMATION ON OUR PRACTICE'S PHOTO CONSENT

BEFORE AND AFTER PHOTOS

These photos are taken prior to any esthetic dental work here at Peak Dental. This form is to give us your permission to use such photographs for 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.

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.

CONSENT

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.

Patient Name (*print*) _____

Patient Signature (*or guardian*) _____

Date _____