

# COOPER CITY FAMILY DENTISTRY

5900 Hiatus Road #300 Cooper City, FL 33330

## CONSENT TO PHOTOGRAPH AND/OR VIDEO

Cooper City Family Dentistry would like your permission to use photographs, videos, and/or testimonials taken of you and/or your child to showcase extraordinary before and after smiles on our website, social media sites, and in-office digital bulletin board for marketing purposes.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONSENT TO PHOTOGRAPH AND/OR VIDEO; AUTHORIZATION FOR USE AND DISCLOSURE

I hereby consent and authorize the use and disclosure of my name, photographic/video images, and/or testimonial for marketing purposes. The term “photograph” includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

### PURPOSE

I hereby authorize the use or disclosure of the photograph(s) for the following uses or purposes: The photographic/video images, and/or testimonial will be used for: Advertising and marketing via social media and websites, dissemination to other healthcare professionals, staff and members of the public for educational, treatment, research, scientific, and charitable purposes.

I consent to be photographed and authorize the use or disclosure of such photograph(s) and I hereby waive any right to compensation. Information disclosed pursuant to this Authorization could be re-disclosed by the recipient. Such re-disclosure may no longer be protected by federal confidentiality law (HIPAA).

### MY RIGHTS

I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive.

I may request cessation of photographs/videos at any time. I may also refuse to sign this authorization. My refusal will not affect my ability to obtain treatment.

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PATIENT SIGNATURE OR PATIENT’S GUARDIAN

By signing the form above, I consent for dental photographs/videos to be made of me or my child (or person for whom I am legal guardian).