

Mengedoth Dental, PC

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Patient Photo Release Form

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my health information.

This release is strictly designed to give permission to Mengedoth Dental, PC to use my digital patient photos for their website, Social Media, and in office presentation for both educational and promotional purposes. Mengedoth Dental will have permission to use these photos in the manner discussed with me, unless I request the office no longer use them. I understand that by allowing Mengedoth Dental to use my photos, they are able to share "before and after" images to educate and explain procedures and possible results of treatment. I understand that I have the option to decline this request, and am not obligated in any way to provide permission to use these photos.

I will allow Mengedoth Dental, PC to share my digital patient photos.

I am requesting that my digital patient photos not be shared.

Response Date: ___/___/_____