

Web, Social Media, & Photo Release Form

Lake Texoma Dental Care & Wellness
613 U.S. Hwy 75 North
Denison, TX 75020
(903) 465-4055

I hereby authorize you to use or disclose the specific information described below, only for the purposes and parties also described below.

Description of the specific information to be used or disclosed:

- Photographs and/or video of Dental Treatments

Person/entity requesting the information and authorized to make the requested use or disclosure:

- Dr. Stephen A. McAnaney / Lake Texoma Dental Care & Wellness

This information is being requested for the following purpose(s): Patient & Employee Education, Promotion, Marketing, Print or Ads.

This authorization shall remain in effect from the date signed below until 01/01/2050 (expiration date or event)

I understand that:

- I may inspect or copy the protected health information to be used or disclosed
- I may revoke this authorization in writing by contacting your office at the address above, attention Privacy Officer.
- Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by HIPAA.
- I may refuse to sign this authorization and that you will not condition treatment or payment on my providing this authorization (except to the extent that the authorization is for research-related treatment, in which case you may refuse to provide that research-related treatment).

(Patient Name): _____ has my permission to have his/her dental work and/or photographs posted within our dental practice and/or on our website, social media accounts, video, or slide shows presentations, print ads and all other marketing or advertising efforts that promote our dental practice.

Patient/Guardian/Parent Signature
(Over 18years old / patient signature)

Date