



## PATIENT PHOTOGRAPHY

Dental by Highpark would like your permission to use those photographs for the following purposes:

“General advertising, social media such as Google, Facebook, Instagram”

Those photographs will identify your face. However, your name, address, or other identifying information will be kept confidential in accordance with HIPAA (Health Insurance Portability and Accountability Act) regulations.

Consent:

I have read and understand the information above. All of my questions have been answered to my satisfaction. I voluntarily agree to the taking and use of photographs of me by my dentist.

By executing this consent form in the space provided below, I hereby agree and consent to the use of the photographs taken of me for any and all of the purposes set forth above.

I will receive a copy of this signed and dated consent form.

Printed Name of Patient

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Signature Of patient

Dated:

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