

Photograph / Video Release

West Georgia Family Dentistry
8590 Bowden Street, Douglasville, GA 30157
770-949-1680

In our office we use photographs of our patients to help determine problem areas and as an aid to treatment options. With these photographs, we can relate any necessary information to the patient's insurance company to aid in receiving benefits toward dental care. We may also use photographs with referring doctors and dental labs. Photographs of your face, teeth and jaws will be used as a record of your care.

Our doctors also use the photographs to educate our team and other patients who might have similar dental needs. The educational photographs **will not** include images of your face, in order to protect your rights to privacy. These photos may be used in marketing and advertising as well.

We are very thankful for our patients, and very proud of our team. We may occasionally take photographs with you and/or a team member, to be used for our marketing and advertising. We use some of our photo booth photographs on social media as well. Occasionally you may be asked to participate in a video, or you may accidentally be filmed in a video as a bystander. Many of the photograph/videos used in our office, on our web site, and in our ads, are our own patients and photography. I understand I will not receive compensation, financial or otherwise, for the use of these photographs/videos. I understand I can revoke my authorization at any time.

AUTHORIZATION AND RELEASE

Please initial one.

_____ I do not wish to have my face shown for advertisements.

_____ I do not mind if my face and teeth are used in any of the above stated situations.

_____ I only agree to have photographs/videos taken for dental treatment and diagnosis. I do not wish to have these photographs/videos shared with anyone outside this office unless it directly relates to my treatment.

Print Name: _____

Signature: _____ Date: _____

For minors, signature parent/guardian: _____

Minor's Name: _____