

# Authorization For Use Or Disclosure Of Patient Photographic and/or Video Images

## Authorization:

I authorize the use and disclosure of my name, photographic/video images, and/or testimonial for marketing purposes by the practice listed below. I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.

## Purpose:

The photographic/video images, and/or testimonial will be used for: *Social Media and/or Advertising*

## Revocability:

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. This authorization expires 99 years from date signed.

## No Treatment Conditions:

I understand that the practice cannot condition treatment on whether or not I sign this authorization.

## If desired, copy provided:

- "Yes, I would like a copy of this form."  
(initialed by team member, copy provided by \_\_\_\_\_ )

Practice Name: Dr. Zak Dental Care

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## If Personal Representative

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## If Patient is a Minor

Parent / Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## #FundMySmile Contest FAQ

### What will I win?

\$500 worth of dental care at Zak Dental

### Who can participate?

Any patient of record or their family member.

### If I pre-paid for my treatment can I participate?

YES, you will receive a refund if you win.

### Why are you doing this?

We would rather help our patients, than pay FaceBook to promote us.

### How do I enroll?

1. Email us a picture of your face or face of the patient you are doing this for
2. Sign a Consent Form. (if you are doing this on behalf of another patient, both of you and patient must sign this consent)

### What will happen next?

1. We will input your photo inside of a photo frame
2. We will announce your participation on our Facebook page and tag you on **11/30/2017**. The following text will be included with the picture
  - a. *Share this post and help FundMySmile. Dr. Zak Will Fund \$500 worth of dental care that I NEED if I can get the most shares of this post. Please Share!*
3. You will share this post with your friends/family and encourage them to share

### Who will win?

The person who gets the most amount of **SHARES** of their post before **12/31/2017** wins!

### How will I know if I won?

We will post the winner by **01/06/2018** (within 5 business days after end)

**I consent to participate in this contest and all of my questions have been answered.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

