

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

I grant Magic Valley Orthodontics, its representatives and employees, the right to take photographs of me, my child and/or my property in connection with the above identified subject. The photographic/video images, and/or testimonial will be used for *Social Media and/or Marketing* to promote Magic Valley Orthodontics.

- I authorize Magic Valley Orthodontics, its assigns and transferees, to copyright, to use and to publish the same in print and/or electronically. I agree that Magic Valley Orthodontics may use such photographs and/or videos of me my child and/or my property with or without my name for any lawful purpose related to the Magic Valley Orthodontics office, including for example: publicity, illustration, advertising and Web content (i.e. facebook, instagram, company website, made you smile wall, etc). I waive any rights to compensation and or ownership. I understand that the information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.

I have read and understand the above:

Name of Patient _____

Signature of Patient or Legal Guardian _____

Printed name of Patient or legal Gaurdian _____

Date _____

Office Representative _____