

## MEDIA RELEASE AND CONSENT FORM

At Summit View Biological Dentistry, we value the trust and relationships we build with our patients. We occasionally share photos, videos, and testimonials on our social media platforms to highlight our services, celebrate our patients, and educate the community about biological dentistry. To ensure your privacy and comply with legal requirements, we require your consent before using your image or likeness on our platforms.

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### Patient Information:

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**Purpose of Social Media Posts** By signing this consent form, you agree to allow Summit View Biological Dentistry to use your photo, video, or testimonial for the following purposes:

- Sharing success stories and positive patient experiences.
  - Educating the community about biological dentistry and oral health.
  - Promoting our services on social media platforms, including (but not limited to) Facebook, Instagram, and X.
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**What We May Post** With your consent, we may share:

- Photos or videos taken during or after your appointment.
  - Testimonials or quotes you provide.
  - "Before and After" photos, with appropriate context.
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**Patient Rights** You have the right to:

- Decline to participate in social media posts without any impact on the quality of care you receive.
  - Revoke this consent at any time by providing written notice to our office.
  - Request removal of content involving your image or testimonial from our social media platforms.
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**Confidentiality** We will never disclose your full name, contact information, or any other identifying details unless explicitly authorized by you. Posts will focus solely on your treatment outcomes or experience.

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**Acknowledgment and Consent** I, \_\_\_\_\_ (patient name), consent to the use of my image, video, and/or testimonial by Summit View Biological Dentistry for social media and marketing purposes. I understand that my participation is voluntary and that I may revoke this consent at any time by providing written notice.

By signing this form, I release Summit View Biological Dentistry from any liability related to the use of my image or likeness on social media platforms.

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**Patient Signature:** \_\_\_\_\_

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

**Witness Signature (Staff):** \_\_\_\_\_

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