



## SOCIAL MEDIA / PHOTO CONSENT FORM

Pawelek Orthodontics would like your permission to use images taken of you or your child to showcase extraordinary before and after smiles and our office promotions on our website, Facebook, Instagram, office bulletin board, and other social media platforms. Please indicate below if we have your permission to use photos of you or your child. No protected health information will be released (as mentioned in the HIPAA Form).

I grant permission for photographs of me/my child to be used in the formats indicated above.

I do NOT grant permission for photographs of me/my child to be used in any of the formats indicated above.

Name of patient \_\_\_\_\_

Patient's signature (if over 18 years) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents/Guardian Name (if a minor) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_