



AUTHORIZATION TO RELEASE PATIENT RECORD INFORMATION

I, _____, hereby authorize Sturbridge Orthodontics to disclose facial and/or dental photographs of the following patient as approved below:

Patient Name: _____ Patient DOB ____ / ____ / ____

- The patient’s picture will be displayed on the reception computer screen for patient sign-in purposes.
- The patient’s picture will be displayed on the office website, Facebook account and/or within the office for the purpose of informing patients of the positive outcome we have achieved.
- The patient’s picture will be displayed on the office website, Facebook account and/or within the office if they are a contest prize winner.
- The patient’s records including photographs will be used for the purposes of professional consultations, research, education, or publication in professional journals.

Please Note:

Financial Disclosure: I understand that the practice does not receive compensation from anyone for use of the patient’s photo.

Refusal to Sign: I understand that refusal to sign part or all of this authorization will in no way affect the patient’s treatment.

Revocation: I understand that I may revoke this authorization at any time by sending a written notice to the practice. All photos will be removed at the time the revocation is received.

Certification:

I certify that I am the authorized representative for the patient.

✓ My relationship with the patient is: Parent

I certify that I am the patient.

Signature: _____

Date: _____

Witness (for Dr. Ferdinand Sabelis): _____

Date: _____

I, the undersigned, do hereby give Sturbridge Orthodontics the right to use my testimonial for reproduction in any medium including but not limited to video, broadcast, print and electronic (e.g., Internet) for purposes of advertising, trade, display, exhibition or editorial use. The undersigned warrants that no other party’s consent is required. The undersigned releases Sturbridge Orthodontics from all claims for libel, slander, invasion of privacy, infringement of copyright or right of publicity or any other claim.

✓ Signature: _____

