



Pincofski Orthodontics

RELEASE FORM FOR WEBSITE PHOTOS/FACEBOOK/VIDEOS

I give permission to use my child's photos and videos on Dr. Susan Pincofski's website and all social media sites.

I understand that Dr. Susan Pincofski will make all reasonable efforts to safeguard my privacy as required by applicable law, including Health Insurance Portability and Accountability Act of 1996(HIPAA). I understand, however, that Dr.Susan Pincofski cannot guarantee my complete privacy in the event my image or likeness is used by third parties.

[NOTE: WE CANNOT BE RESPONSIBLE FOR OTHER PEOPLE "TAGGING" (IDENTIFYING) YOUR CHILD ON THE INTERNET.]

Patients Name: _____ Date: _____

Parents Signature: _____

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