



Houston Oral Surgery Associates

Release and Acknowledgement

Release of Photos/Radiographs/Videos for Website Publication

- I give permission to Houston Oral Surgery Associates and its wholly owned subsidiaries and affiliates to photograph, televise, or otherwise illustrate as deemed advisable for diagnostic, educational, or research purposes and to enhance the medical record. I further authorize the use of such audio-visual material (video tape, audio tape, photographs, motion pictures, radiographs and other resulting records) for teaching purposes or to illustrate scientific papers, lectures or for internet, social media and marketing education at any time hereafter without inspection or approval, on my part, of the finished product or the specific use to which this material may be applied. I understand that no personally-identifying information will be used.
- I DO NOT consent to the use of any pictures/videos/radiographs obtained during my treatment.

Acknowledgement of Receipt of Notice of Privacy Practices

The federal government requires all medical offices to make patients aware that they have rights regarding the use of their personal health information. Our Notice of Privacy Practices is available for review on our website and our front desk.

- I acknowledge that I was provided access to a copy of the Notice of Privacy Practices that I have read (or had the opportunity to read if I so choose) and understand the Notice.
- I refuse to sign this acknowledgement.

Patient Signature: _____ **Date:** _____

If a patient is a minor (under the age of 18) or incapacitated:

Responsible Party Name: _____ **Relationship to Patient:** _____

Responsible Party Signature: _____ **Date:** _____