



STEDDUM

FAMILY & RESTORATIVE
DENTISTRY

Informed Consent for Clinical Photography and Authorization to Release Media

Please read carefully and ask questions about any areas that are unclear.

I authorize the treatment team to make photographs, 3D scans, and/or videos of my face, teeth and jaws before, during and after treatment. I consent to allow Steddum Family & Restorative Dentistry to use these clinical images alongside protected health information in the following:

- Dental records, including "Before & After" profiles
- Dental research
- Dental education, including lectures, seminars, demonstrations, journals and/or books
- Marketing material, including websites and printed materials, patient education, in-office streaming, and social media (Instagram, Facebook, Tik Tok, and similar.)

I understand that if the clinical images are used, they will be "de-identified", meaning my name and other identifying information will be removed and kept confidential.

I have the right to revoke this authorization at any time.

I may inspect or copy the protected health information to be disclosed as described in this document.

Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

Information used or disclosed as a result of the authorization may be subject to redisclosure by the recipient and may no longer be protected by state or federal law.

I have the right to decline this Consent and Release Authorization and I understand that my treatment is not conditioned upon my agreement to this document.

My authorization will remain in effect until I revoke it in writing.

I consent to the above: ☐ YES ☐ NO

Patient Name (Print)

Signature of Patient or Legal Representative

Date