

**Heritage Dental**  
**595 Bethlehem Pike, Suite 302**  
**Montgomeryville, PA 18936**

**Social Media & Media Marketing**  
**Release Form**

As a part of Heritage Dental, we like to promote patient and office activities and celebrate achievements from time to time. For example, we might make a social media post which may include a picture or video with the patient and their hygienist.

I, \_\_\_\_\_ (please print), do hereby grant permission to Heritage Dental to post a photo/video of myself/my child, first name, or other item to their Facebook, Twitter, Instagram, and/or other Social Media pages. These photos/videos may be used for patient & employee education, promotion, marketing, and/or print ads. These photos or videos may include dental treatment being performed and/or before and after results.

The Health Insurance Portability and Accountability Act still holds its place and I have been informed that no specific medical information will be released with the signing of this form.

Now, we do acknowledge that any patients that are under 18 years of age may not sign this without their parent present or parent's permission. If you are a parent signing for your child, please enter their name in the space provided below.

Patient Name: \_\_\_\_\_

Patient/Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_