

### **PHOTO/MEDIA AUTHORIZATION**

As a routine part of our practice, we take photographs and other images of patients and their teeth to diagnose, provide treatment and also for educational and promotional purposes. The Patient signing below (“you”) hereby authorize Richardson General and Cosmetic Dentistry and its assigns (together, the “Practice”) to: (a) take photographs, audio and/or video of you (individually and together, the “Images”); (b) publish the fact that the Practice provided dental services to you and any information or testimonials you provide regarding the Practice, treatment plan, diagnoses, city and state of residence, location of treating facility (collectively referred to herein as the “Information”); (c) reproduce, edit, use, and publish the Images and/or Information (together, “Work Product”) with or without the Patient’s name or attribution, in all forms and media, including but not limited to Internet sites and social media; and (d) obtain copyright registration for any publication that incorporates the Work Product. As consideration, you receive a license to use the Work Product and agree that no additional consideration or compensation will be provided for the Practice’s use of the Work Product and hereby waives all claims to compensation and damages based on the Practice’s use of such Work Product. The term of this Release is for 10 years from the date of the Patient’s signature below (the “Term”) and then perpetually renewing for 10 year terms unless it is earlier terminated. The Patient may terminate the Term, except to the extent that the Work Product has already been used or published by sending a written termination notice to the Practice. The Patient understands that any termination of the Term will not affect any action the Practice took in reliance on this authorization before receipt of the notice.

### **Patient Communication Consent**

By providing your mobile number and submitting our forms, you are giving Richardson General and Cosmetic Dentistry and its assigns permission to send you text message communications regarding your care. These messages may include, but are not limited to:

- Appointment confirmations and reminders
- Treatment follow-ups and instructions
- Office updates and scheduling needs

We value your privacy. These messages may contain limited health information, and we take precautions to protect your data in accordance with HIPAA regulations.

Standard messaging rates may apply. You may opt out of receiving texts at any time by replying STOP to any message or calling our office directly at 972-690-6653

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

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date