

# Ellis County Family Dentistry

Seth Atkins, DDS & Colby Cottongame, DDS

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## Photography Release

I \_\_\_\_\_ hereby authorize Dr. Seth Atkins/ Dr. Colby Cottongame to take photographs, slides, and / or videos of my face, jaws, and teeth.

I understand that the photographs, slides, and / or videos will be used as a record of my care, for communication with other specialists (if indicated). Your privacy is always our chief concern. Appropriate measures are always taken to conceal patient identity and any identifying information is removed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## HIPAA RELEASE FORM

This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards. For us to stay within guidelines, please list below anyone that you authorize us to disclose information to regarding your Protected Health Information. It is not mandatory that you list anyone. (You do not need to list any of your doctors).

Name

Relationship

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date