



6705 Heritage Pkwy Ste 102 Rockwall, TX 75087 Phone: 972.722.2526 Fax: 972.722.2528

Authorization for Use or Disclosure of Patient Photographic and/or Video Images

Purpose:

The photographic/video images, and/or testimonial will be used for: *Social Media and/or Advertising.*
Facebook, Instagram, GLOW website, etc.

Revocability:

I understand that I may revoke this authorization at any time but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive. This authorization will not expire. You must provide a statement in writing to cancel this agreement.

No Treatment Conditions:

I understand that the practice cannot condition and treat me whether or not I sign this authorization.

I authorize the use and disclosure of my name (and childrens), photographic/video images, and/or testimonial for marketing purposes by Theresa M. Conyac, MD and/or GLOW. I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.



Facebook, Instagram, GLOW website, etc.

() Approve OR () Deny

Print Name: _____

Date: _____

Patient Signature: _____

Date: _____

info@glowbgyn.com

www.glowbgyn.com

Follow us at: Instagram: glowbgyn

Facebook: @glowbgyn

Hashtag: #timetoGLOW