

Dentistry for Adults & Children  
PHOTOGRAPHY & MEDIA CONSENT and RELEASE FORM



This form must be filled out for anyone who has their picture taken or likeness recorded for the purpose of Dr. Craig R. Williams's *Dentistry for Adults & Children* in Barrie, Ontario.

First Name:

Last Name:

Address:

Phone Number:

Email:

**Privacy and Contact Information**

*Dentistry for Adults & Children* is committed to protecting your personal information in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA).

- You have the right to access your personal data, request corrections, and revoke this consent at any time by submitting a written request.
- Please note that revoking consent does not affect any prior use or disclosure made in reliance on your previous consent.
- All personal data, including images and identity details, will be stored and transmitted using appropriate physical, organizational, and technological safeguards.
- Only the identity details authorized below will be disclosed. No other identifying information will be used without explicit additional consent.

**Consent to Photography**

**I HEREBY GRANT** and give *Dentistry for Adults & Children* permission to take photos or videos (digital or otherwise) of myself and to reproduce the likeness of myself for promotional and fundraising materials, educational materials, publications, websites, and other consistent purposes. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretions of *Dentistry for Adults & Children*, worldwide, in perpetuity or you withdraw your consent.

**Consent to Disclose Identity**

Individual's identity, as listed above,  MAY  MAY NOT be included in the resources listed below as developed and published in print, electronic, or digital format, including any authorized *Dentistry for Adults & Children* website or social media platforms, such as [www.wmsdental.ca](http://www.wmsdental.ca).

First Name     First & Last Name     Social Media Handle: \_\_\_\_\_

This form will be placed on file in the records office and retained in accordance with approved records retentions schedule. Also note that consents may be revoked at any time by so indicating, in writing, to *Dentistry for Adults & Children*.

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**Consent to Procedure Viewing**

Select all procedure types that the Individual grants permission for photography:

- |   |  |
|---|--|
| <input type="checkbox"/> Care visits with Hygienist (ex. Cleanings, etc.) | <input type="checkbox"/> Implants                        |
| <input type="checkbox"/> Radiographs                                      | <input type="checkbox"/> Surgical (ex. Extractions, etc) |
| <input type="checkbox"/> Model Casting                                    | <input type="checkbox"/> Nitrous Oxide                   |
| <input type="checkbox"/> Restorations                                     | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Crown & Bridge                                   | _____  |
|   | _____  |

**Consent takes effect when this agreement is signed**

\_\_\_\_\_  
Signature of Individual (if over age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian (if individual is under age of 18)

\_\_\_\_\_  
Date

For privacy-related inquiries or to revoke your consent, please contact:

Dr. Craig R. Williams

Dentistry for Adults & Children

Phone: (705) 726-3300

E-mail: dental@wms-2thm8.com

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