J. Whitley Wills, DDS
59 S. Idlewild St Memphis, TN 38104
(901) 726-9525

Patient Photo Release Form

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information.

This release is strictly designated to give permission to J. Whitley Wills, DDS, to use my digital patient photo series. I will allow these photos to be shared with other professionals and patients for educational purposes. Dr. J Whitley Wills will have permission to use these photos in the manner described above unless I request him to no longer use them. A written request form is available to do so. I understand that by allowing Dr. J Whitley Wills to use my photos, he is able to share "before and after" images to educate and explain procedures and possible results of treatment. I understand that I have the option to decline this request, and am not obligated in any way to provide permission to use these photos.

I understand that the photographs, slides, and /or videos will be used as a record of my care, and may be used as stated above for educational purposes in lectures, demonstrations, advertising, professional publications (dental magazines, journals, newspapers) and all social media outlets (websites, facebook, Instagram and twitter).

I further understand that if my photographs are used in any publication or as part of a demonstration my name and face will not be used.

I do not expect compensation, financial or otherwise, for the use of these photographs.

Patient Name _____
Signature _____
Date _____

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I am requesting that my digital photographs not be shared with other professionals of patients.

Patient Name _____
Signature _____
Date _____