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Woodlands Pediatric Dentistry
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Authorization for Disclosure of Protected Information

Under the Health and Human Privacy Act, we are required to obtain your authorization for your child to participate in selected media sites that relate to our office.

When permission is received from the parent/guardian, you are giving Woodlands Pediatric Dentistry authorization to use your child/child's picture or video on the social media sites listed in this document.

I _____ do _____ do not _____ authorize the use of my child/children's picture or video on the following social media sites enclosed in this disclosure. This authorization will begin on _____ and end when my child is no longer a patient of this office or when I deem necessary to revoke this authorization.

Please list the name(s) of your children below:

We use Facebook, Twitter, and Instagram to promote our kid friendly environment. We will never use your child/children's info randomly. We will always inform you prior to using any personal info.

Like us on facebook. Follow us on twitter @DrScottAndersen. Look for pictures on Instagram @twkidsdentist.