

Family and Cosmetic Dentistry of Kokomo, PC

Agreement for Media/ Marketing with Photographs:

Patient Name: _____ Date of Birth: _____

Parent or Guardian Signature: _____

Date: _____

Family and Cosmetic Dentistry of Kokomo, PC
5111 Clinton Kokomo, In 46902
(765)453-4369
Contact Officer: Rebecca Young / smile@jarrelldentistry.com

Consent for Social-Media/Marketing

I _____ authorize Family and Cosmetic Dentistry of Kokomo, Dr. Melissa Jarrell, Dr. Hannah White, or Dr. Lauren Griebenow and staff to post (child named above) photo and name for social media/marketing. I can revoke this at any time with written document provided to Family and Cosmetic Dentistry of Kokomo. I can also request a copy at any time, and I am aware there is no expiration date to this authorization and it will remain in effect until I provide my request to revoke in writing to Family and Cosmetic Dentistry of Kokomo 5111 Clinton Dr. Kokomo, IN 46902.

This authorization is for but not limited to: Facebook, Instagram, Twitter, office newsletters, Kokomo Tribune, Kokomo Herald, surrounding county newspapers, and internal marketing flyers.

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Rebecca Young, HIPAA Contact / smile@jarrelldentistry.com