



Charles L. Wylie, DDS & Associates
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Complete Family Dentistry From Braces to Implants

PATIENT PHOTO RELEASE

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), 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 Dr. Charles L. Wylie, DDS to use my digital patient photos and x-ray series. I will allow these photos to be shared with other professionals and patients strictly in an educational setting. Dr. Wylie 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. Wylie 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 will allow Dr. Charles L. Wylie, DDS to share my digital patient photos and x-rays with other patients and/or professionals in an educational setting.

Full Photo Series

Close Up Photos Only (no full face)

I am requesting that my digital patient photos not be shared with other professionals or patients.

X-RAY CONSENT

During your examination, x-rays will be needed in order to diagnosis your condition. We would like to make you aware that x-rays may be required, in order, to administer treatment. In order to perform x-rays on any patient our office requires the patients consent for such tests to be performed.

I understand that my doctor may need x-rays in order to diagnosis my condition and I give permission of all needed diagnostic tests.

FEMALES ONLY:

I understand that if I am pregnant and have x-rays taken which expose my lower torso to radiation, it is possible to injure the fetus. With those factors in mind, I am advising my doctor that:

I am pregnant yes no don't know

I could be pregnant yes no don't know

With full understanding of the above, and believing that I am not currently at risk, I wish to have an x-ray examination performed today if requested by my doctor.

Patient Name Signature

Date Witness