



Authorization for Release of Information for Promotional Purposes

We'd like to share your story to help explain to the public how the Delta Dental helps families have healthier smiles. Because we value your privacy, we will only use your personal information, or your children's or dependents' personal information, with your written permission. Please read this form carefully before giving permission.

_____ (initial) I give permission to Delta Dental of South Dakota to use:

- my personal information or personal information of my minor child(ren) or dependents listed below, including name, photos, video and audio recordings; and
- information about my treatment and experience as a patient, or that of my minor child(ren) or dependents

to promote Delta Dental in printed publications; broadcast video and audio; online websites and social media sites; and news media communications, produced by or on behalf of Delta Dental.

Name	Date of Birth

I understand:

- I am not required to sign this authorization. Delta Dental of South Dakota does not condition treatment, payment, benefit eligibility, or enrollment upon signing this form.
- I can request a copy of this authorization be provided to me;
- I am not entitled to any payment or other form of compensation as a result of any use of any information or audio, video or photographic material.
- I have the right to revoke this authorization at any time by notifying in writing: Attn: Privacy Officer, Delta Dental of South Dakota, 720 N. Euclid Ave., Pierre, SD 57501. I also understand that revocation will not apply to information already released based on this authorization.
- Information about me or my minor child(ren) or dependents released based on this authorization may be subject to re-release by the initial recipient and will no longer be protected by federal regulation.
- If I don't revoke this authorization, it will automatically expire ten (10) years from the date I sign it.

Signature: _____ Date: _____

Address: _____ Phone: _____