

ANNE ARUNDEL COMMUNITY COLLEGE

School of Health Sciences - Dental Hygiene Clinic
Health and Life Sciences Building (HLSB), Room 137
101 College Parkway, Arnold, MD 21012 Phone: 410-777-7213

PHOTOGRAPHY / RECORDING BAN

Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____

Section 1 – Purpose

To protect patient privacy and ensure compliance with applicable state privacy laws, the use of personal cameras, phones, tablets, or recording devices in the clinical and radiographic areas of the AACC Dental Hygiene Clinic is strictly prohibited. This form documents patient acknowledgment of the clinic-wide ban on photography and recording.

Section 2 – Photography / Recording Prohibition

I understand that photography, video, or audio recording of any kind within the AACC Dental Hygiene Clinic is not permitted. This includes images or recordings of patients, students, faculty, staff, equipment, or any clinical activities.

Section 3 – Conditions

- No personal images or recordings may be taken or shared within the AACC Dental Hygiene Clinic.
- Unauthorized photography, recording, or distribution may result in disciplinary action, removal from the clinic, or legal consequences in accordance with AACC policy and applicable law.

Section 4 – Acknowledgment

I acknowledge that I have read and understand this Photography/Recording Ban policy and agree to comply with it while receiving care in the AACC Dental Hygiene Clinic.

Important Note:

This form does not grant permission for photography.

Signature: _____ Date: _____

Printed Name (if parent/legal guardian): _____

Relationship to Patient: _____

Section 5 – Office Use Only

Processed by: _____ Date: _____

Notes: _____