



NON-RECORDING AGREEMENT

To protect the privacy and comfort of all patients, doctors, and staff, OC Dental Center maintains a no-recording policy within the office.

By signing below, I understand and agree to the following:

1. I will **not record, photograph, video, livestream, or otherwise capture audio or images** while inside OC Dental Center, including treatment rooms, consultation areas, and waiting areas.
2. This includes the use of **cell phones, cameras, smart devices, wearable devices, or any other recording equipment**.
3. Recording without written permission may violate the privacy rights of others.
4. If I am found recording without permission, I understand that I may be asked to stop immediately, delete the recording, or leave the office, and my appointment may be canceled.
5. Any exception to this policy must be **approved in writing** by OC Dental Center prior to any recording.

I acknowledge that I have read and understand this agreement and agree to comply with this policy while on the premises.

Signature: _____

Printed Name: _____

Date: _____