



PHOTOGRAPHIC AND VIDEO CONSENT, RELEASE AND WAIVER FORM

CONSENT AND PERMISSION FOR USE OF IMAGE: I, the undersigned, hereby grant the Practice permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

SCOPE OF USE: I understand and agree that these materials will be used for promotional, educational, and informational purposes, including social media, websites, print and digital publications, and other marketing materials.

RELEASE AND WAIVER: I release and hold harmless the Practice from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation associated with using these images.

HIPAA ACKNOWLEDGEMENT: I understand that the disclosure of images or information may be subject to re-disclosure by the recipient and may no longer be protected by HIPAA privacy regulations. However, I acknowledge that the Practice will make reasonable efforts to de-identify any images used in accordance with HIPAA privacy rules.

WITHDRAWAL OF CONSENT: I understand that I may revoke this authorization at any time, but that any revocation must be in writing and submitted to the Practice. I understand that a revocation will not affect any actions taken by the Practice prior to their receipt of the revocation.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Patient (Print Name)

Date

Signature