



RELEASE AUTHORIZING USE OF PERSONAL LIKENESS

I, _____ (patient name) consent to the use of my personal image and likeness, including but not limited to images representing and depicting the treatment provided to me and the effect thereof, by Hudson Orthodontics for any lawful use Hudson Orthodontics deems appropriate, including for treatment, advertising his/her/its services to the general public (including via social media and electronic media), illustration, and publication to the public at large for educational purposes.

I hereby relinquish any and all rights to my likeness or any image of me obtained by any photographic or digital means by Hudson Orthodontics during the course of my treatment. I understand that I am entitled to no consideration, remuneration or payment for the use of my image in any advertising, promotional or educational materials.

I understand any images or likeness of me may be altered prior to use if deemed appropriate by Hudson Orthodontics. I understand and agree that I have no right to be consulted about or approve of any such alterations before my image is used.

I understand that Hudson Orthodontics will make all reasonable efforts to safeguard my privacy as required by applicable law, including the Health Insurance Portability and Accountability Act of 1996 (HIPPA). I understand, however, that Hudson Orthodontics cannot guarantee my complete privacy in the event my image or likeness is used by third parties.

I understand and agree that Hudson Orthodontics may use information regarding my dental condition, including information regarding my diagnosis, course of treatment, my age and my other relevant dental conditions, in describing the treatment rendered to me as depicted in any images of me.

I understand that Hudson Orthodontics may not and has not conditioned the rendition of treatment to me upon my authorization of the use of any image and/or likeness.

I have read the foregoing in its entirety and understand the terms.

Patient Name

Patient/guardian signature

If patient is minor, guardian name relationship to patient

Date

Provider Signature

Date