



Edwards Orthodontics
Cory Blake Edwards DMD, MS, PC

PHOTO CONSENT

I 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 Edwards Orthodontics for any lawful use Edwards 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 Edwards 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 that Edwards 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 (HIPAA).

I understand that Edwards Orthodontics may not and has not conditioned the rendition of treatment to me upon my authorization of the use of my image and/or likeness. I have read the foregoing in its entirety and understand its terms.

Patient Name _____

If patient is a minor, guardian name & relationship to patient _____

Provider signature _____

Patient/guardian Signature _____ Date _____