Midwest Oral & Craniofacial Specialists

Consent to Photograph or Film

I. Consent for purposes relating to your medical treatment:

I give consent for Midwest Oral and Craniofacial Specialists to photograph or film me, but only to the extent necessary and so long as the images are solely used for the purposes of (a) identifying me as a patient or for purposes of documenting my health status, diagnosis, and treatment while a patient ; and (b) conducting education and training, quality assurance and performance improvement functions for and on behalf of MOCS and related professional staff. I also agree to sign the HIPAA authorization form, which permits MOCS to use or disclose these images to the extent permitted by HIPAA and other applicable laws and regulations. Unless otherwise revoked in writing, this authorization does not expire. I understand that once my photograph(s) or digital image(s) have been released MOCS may no longer have control over them, and federal or state privacy laws may no longer protect the information that was released. I may cancel this authorization to the extent allowed by law. If I do, I understand the the doctor or practice may have already used my photograph(s) or digital image(s) prior to me canceling this authorization, which would not prohibit any release done prior to the date of cancelation.

I have read and understand the foregoing release, authorization, and agreement before signing my name below, and enter it knowingly and voluntarily.

_____

Patient (or Patient's Legal Representative) Signature Date

_____

Patient Printed Name (AND Printed Name of Patient's Legal Representative if Applicable)

II. Consent for purposes NOT relating to your medical treatment:

I do hereby consent Midwest Oral and Craniofacial Specialists may **ALSO** photograph or film me for one or more of the of the following purposes listed below: **(Check all that apply.)**

- ☐ Use or disclosure of images or videos for marketing or advertising purposes and patient education. I understand that photographs, electronic images, and videos may be used on the company's website, social media accounts, and or other educational outlets. Images will **not** be identified by name. We will make every attempt to use images so as not to reveal patient identity. I accept there may be a loss of anonymity.
- ☐ Use or disclosure of images in a professional presentation or journal publication.
- ☐ I do **NOT** consent to the use or disclosure of images or videos for any purposes other than those outlined above in section (I).