

PHOTO CONSENT AND RELEASE FORM

Patient Name: _____

I consent to photographs and/or video images (hereinafter collectively referred to as “my images”) being taken of me by Dr Gadi Epstein / Dr G Epstein Inc and Prof Nando Ferreira / Prof Nando Ferreira Inc (hereinafter collectively referred to as “the practice”) I understand that my images will be a part of my medical record and I consent to them being used for purposes of medical teaching and/or training and/or for marketing purposes (including without limitation via website, print, digital or social media).

By my signature hereto, I hereby agree that -

- the processing of my images as described herein is required for purposes of medical teaching or training or for marketing purposes;
- this consent constitutes notice of the purpose and reason for processing my images;
- the practice may disclose my images as contemplated herein to a third party in order to comply with applicable laws and/or to protect the legitimate interests of the practice;
- my signature hereto constitutes my consent to the processing of my images as contemplated herein.

By providing this consent I acknowledge that I will not be compensated by any party. Although my images will be used without identifying information such as my name, I understand it is possible someone may recognize me.

I further acknowledge that I give my consent voluntarily and agree that the use of my images as contemplated herein confers no rights of ownership on me in my images and I will receive no royalties or payments of any other nature whatsoever from the use of my images.

I authorise the use of my images –

- for educational purposes (medical teaching or training);
- for marketing and advertising purposes (website, print, digital or social media),
- as part of my medical record.

I hereby release Dr Gadi Epstein / Dr G Epstein Inc and Prof Nando Ferreira / Prof Nando Ferreira Inc, its employees, directors, shareholders, agents and all other third parties involved in the creation of or publication of educational or marketing materials, from liability for any claims by me or any third party in connection with the use of my images as contemplated herein.

By signing this form, I confirm my understanding of this consent. If I wish to withdraw my consent in the future, I may do so via written request submitted to Dr Gadi Epstein / Dr G Epstein Inc or Prof Nando Ferreira / Prof Nando Ferreira Inc.

Patient Signature: _____

Date: _____