MONMOUTH ENT & AESTHETICS

PATIENT CONSENT FOR PHOTOGRAPHY

Patient Name:_____ **Date of Birth:**_____

I, as the patient identified above or the legal representative of such patient ("**Patient**"), consent to have photographs, videotapes, digital or audio recordings, and/or images of the Patient, and any other method to reproduce or edit such Patient's likeness or image now known or hereafter developed (collectively, "**Photography**"), taken by Monmouth ENT & Aesthetics (ME&A) and its staff (collectively "**Practice**"). I understand that such Photography will be recorded to document and assist with the Patient's care and to assist with Practice's health care operations.

I authorize the taking of clinical photographs and videos of me by ME&A and their staff for marketing and educational purposes.

I understand that the Photography or a portion of the Photography may become part of my medical record and therefore be protected, used and/or disclosed in accordance with Practice's Notice of Privacy Practices. I further understand that Practice will own the Photography and I will not receive any payment for such Photography, but that I will be allowed to access or view the Photography or to obtain copies of any portion of the Photography that becomes part of my medical record.

I also consent that the images may be used in all forms of media. All forms of media include, but are not limited to: television, print, websites, and all digital forms including all forms of media. I hold Practice harmless from any liability that may result from this production.

I have read this consent in its entirety and agree to be bound by all its terms and conditions as described above. I acknowledge and agree that I have been given the opportunity to ask any questions and had all my questions answered to my satisfaction. I waive all rights to royalties, fees, and to inspect the finished product as well as advertising materials in conjunction with these photographs.

_____ _____ _____

Printed Patient Name **Date** **Signature of Patient**