



Photo Release

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 Floyd Family Orthodontics for any lawful use Floyd Family Orthodontics deem appropriate, including for treatment, advertising his/her/its services to the general public (including 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 a photographic or digital means by Floyd Family 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 image or likeness of me may be altered prior to use if deemed appropriate by Floyd Family 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 Floyd Family 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, however, that Floyd Family Orthodontics cannot guarantee my complete privacy in the event my image or likeness is used by third parties.

I understand and agree that Floyd Family Orthodontics may use information regarding my health condition, including information regarding my diagnosis, course of treatment, my date of birth and/or age and my other relevant medical conditions, in describing the treatment rendered to me as depicted in any image of me.

I understand that Floyd Family 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.

Signature of Patient/Parent/Guardian

Date

Printed Name of Parent/ Guardian

Transforming lives. Building confidence. Serving well.

Dr. Daniel Floyd, DMD, MS & Dr. Lindsey Reinhardt, DMD, MS

floyd family orthodontics
863 W. Main Street, Suite 200, Molalla, OR 97038

(503) 878 - 8887
floydfamilyortho.com