



CHILD & ADULT ORTHODONTICS

MICHAEL D. INSOF, D.M.D., P.A.

RITA HURST, D.M.D., PH.D.

Social Media Release Form

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 Insoft & Hurst Orthodontics for any lawful use Insoft & Hurst 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 Insoft & Hurst 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 Insoft & Hurst 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 Insoft & Hurst 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 Insoft & Hurst Orthodontics cannot guarantee my complete privacy in the event my image or likeness is used by third parties.

I understand and agree that Insoft & Hurst 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 Insoft & Hurst 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, legal guardian  
or authorized representative

\_\_\_\_\_  
*Printed Name* of Patient, legal guardian  
or authorized representative

\_\_\_\_\_  
Relation to Patient

\_\_\_\_\_  
Date