



**RELEASE AND PHOTO IMAGE
PUBLICATION
CONSENT VERIFICATION
AGREEMENT**

This Release and Photo Image Publication Consent Verification Agreement (AGREEMENT) is entered into between Scott Finlay DDS & Associates, PA. (DENTISTS/PRACTICE) with its principle place of practice at 1460 Ritchie Hwy., suite #203, Arnold, Maryland, and

_____, (PATIENT).

RECITALS

This AGREEMENT is for the purpose of identifying any express or implied agreement, including, but not limited to, permission, consent, release, and/or authorization between DENTIST and PATIENT in connection with the medical services PATIENT received from DENTIST, and/or DENTIST'S associates.

DENTIST and PATIENT warrant and represent that PATIENT has given CONSENT and FULL AUTHORIZATION that any photographs and/or images of PATIENT, under the following conditions:

1. The photographs and/or images will be taken by DENTIST or by a photographer and/or skilled operator approved by DENTIST.
2. The photographs and/or images may be used for:
 - a. Medical records, and if in the judgment of DENTIST, medical research, education or science will be benefited by their use.
 - b. Such photographs and/or images and information relating to PATIENT may be published or republished, either separately or in connection with each other, in, but not limited to, professional journals, medical books, medical based Internet web-sites, or any other purpose which PHYSICIAN may deem proper in the interest of, but not limited to, medical education, knowledge, or research; and/or
 - c. Patient further authorizes that the photographs and/or images may be used by DENTIST or by any entity approved by DENTIST in promotional printed, computer web-site, and/or video material.
3. At no time will PATIENT'S name, address, or any other alpha/numeric PATIENT-identifiable information be used in connection with the publication of the photographs and/or images of PATIENT. PATIENT acknowledges the possibility that his/her identity may become known as a result of the publication and use of the photographs and/or images described in paragraph 2; above.
4. The photographs and/or images may be modified and/or retouched in any way in DENTIST'S discretion.

By signing below, PATIENT certifies that he/she has read and understood each and every section of this Agreement, and agrees to be bound by its terms.

PATIENT

Date

DENTIST

Date