

**Imaging Release**

I hereby give Dr. Baleigh Mack and/or their staff permission to use my likeness in a photograph in any and all of its publications. I authorize Baleigh Mack, D.D.S. to edit, alter, copy, exhibit, publish or distribute any photos for purpose of publicizing Baleigh Mack D.D.S.’s programs or for any other lawful purpose. I hereby forever release and discharge Dr. Baleigh Mack, and any representatives, subsidiaries and affiliates, and all successors and assigns, from any and all claims, damages, actions and demands in any way arising out of or in connection with the use of such photograph, including but not limited to any claims for defamation or invasion of privacy.

For a photograph of me, I represent and certify that (a) I am of legal age OR (b) for a photograph of a minor child, I represent and certify that I am the parent or the legal guardian of that child. Further, I represent and certify that I am not under any legal disability and that I have read the foregoing carefully and fully understand the contents and meaning of this release.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Communication Release

I would like Baleigh Mack D.D.S. to communicate with me via e-mail, phone, text, mail or other media about products or services that pertain to my conditions or that contribute to matters related to my health and/or my medical treatment. Baleigh Mack D.D.S. may communicate with me about my oral health, treatment, appointments, and post-operative follow-ups by mail, e-mail, text or by phone to the contact information on file. It is my responsibility to ensure all my contact information is up-to-date. I understand that communication Baleigh Mack D.D.S. and I may not be encrypted and my information could be intercepted by unauthorized persons. Baleigh Mack D.D.S. will not be responsible for any unauthorized interceptions. However, we will make reasonable measures to ensure proper delivery or notification of our patient’s information. Examples include, but are not limited to, post-operative phone calls and appointment reminders. This consent remains in effect until expressly revoked (in writing).

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_