

Sample Photo Release and Consent

INFORMED CONSENT

I understand that my doctor will be using the SmileSIM™ simulation platform (www.smilesimdmd.com) to generate side-by-side comparison(s) of a photo image of my current smile next to a simulated image of my smile enhanced by cosmetic dentistry based on certain doctor defined treatment options and to generate an estimated financial plan for treatment. I have been afforded the opportunity to ask questions regarding use of the SmileSIM platform and the intended results.

I understand that SmileSIM is not a provider of medical, dental or health care services and does not and cannot practice medicine, dentistry or give medical advice. Due to the fact that simulation technology is not exact, and results can vary, I understand that my doctor and SmileSIM has not and cannot make any guarantees or assurances concerning the outcome of any treatment or that the results of any treatment will match the results presented in the SmileSIM simulation images. I also understand financial plans are only estimates and not guaranteed.

PHOTO CONSENT AND RELEASE

I understand that, in order to use the SmileSIM platform, my doctor's dental office will take and submit to SmileSIM photograph(s) of my current smile. I grant my doctor's dental office and SmileSIM the absolute, unrestricted and irrevocable right and license to take photographs and to use, reuse, modify, enhance, publish, republish and create derivative works from such photographs, in whole or in part, individually or in connection with other media or material, in any media now or hereafter known, including the internet, and for any purpose whatsoever, including illustration, promotion, art, editorial, advertising, and trade, without restriction of any type; and to use my name in connection with any use if desired.

I release and discharge my doctor and SmileSIM from any and all claims, actions, or demands arising out of or in connection with the use, modification, or publication of all such photographs including, without limitation, claims for libel or violation of any right of publicity or privacy.

I authorize my doctor to release my photographs and other information and materials regarding actual, desired or possible treatment options ("Medical Records") to SmileSIM, its representatives, employees, successors, assigns and agents for the purpose of using the SmileSIM platform, running simulations, and evaluating treatment options.

I understand that use of my Medical Records may result in disclosure of my "individually identifiable health information" as defined by the Health Insurance Portability and Accountability Act ("HIPAA"). I consent to the disclosure(s) as set forth above. I will not, nor shall anyone on my behalf seek legal, equitable or monetary damages or remedies for such disclosure. I acknowledge that use of my Medical Records is without compensation and that I will not nor shall anyone on my behalf have any right of approval, claim of compensation, or seek or obtain legal, equitable or monetary damages or remedies arising out of any use under the terms described herein.

This Informed Consent, Waiver & Release shall inure to the benefit of my doctor, the dental office, SmileSIM and their respective heirs, legal representatives, licensees, successors and assigns; and shall be binding on me and my heirs, legal representatives, and assigns. A photostatic copy hereof shall be considered effective and valid as an original.

I have read, understand and agree to the terms set forth in this Informed Consent, Waiver & Release as indicated by my signature below.

Signature Date

Print Name

Signature of Parent/Guardian Date
(if signatory is under 21)

Witness Date

Print Name