

**CONSENT FOR USE OF PREOPERATIVE AND POSTOPERATIVE PHOTOGRAPHS FOR
TEACHING, WEBSITE AND/OR MARKETING**

I hereby authorize Harrington + Associates and its employees to use photographs of me, or parts of my body, for use in patient education, medical education and/or publication in a professional medical journal or text, website, social media, or marketing purposes.

I understand that all reasonable attempts to protect my anonymity will be made, and that my name will not be used to identify any photograph(s). I further acknowledge that anonymity cannot be guaranteed when the photograph(s) illustrate a portion of, or full photograph of my face.

Signature of Patient or Patient Representative: _____

Date: _____

Witness: _____ Date: _____