

Consent for Use and Disclosure of Personal Information Video/Photo/Authorization and Release

I understand that photographs, videotapes, digital, or other images may be recorded to document my care, and I consent to this. I understand that Eric J. Lullove DPM PA will retain the ownership rights to these photographs, videotapes, digital, or other images, but that I will be allowed access to view them or obtain copies. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in Eric J. Lullove DPM PA's policy.

I, the undersigned, authorize Eric J. Lullove, DPM PA ("Eric J. Lullove, DPM") and/or parties designated by Dr. Lullove to take photograph(s), videotape, and digital recording(s) of me and consent to the use of any of these in any and all media for educational and promotional purposes including, but not limited to, advertising; audiovisual; medical health editorials; exhibition; media relations; scientific posters and publications, online medical health sites and web.

I understand that the information collected is required by Eric J. Lullove, DPM PA for its lawfully authorized health-care related activities.

I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s,) videotape, digital recording(s) and I hereby release Eric J. Lullove DPM PA and/or any parties designated by Eric J. Lullove, DPM PA, from the payment of any such claims.

I understand that photographs and/or videos may be downloaded, used, reproduced, and/or altered without consent by unknown users of the Eric J. Lullove, DPM PA website, and that this is beyond Eric J. Lullove, DPM PA's control. I hereby release Eric J. Lullove, DPM PA of any and all liability arising from such downloading, use, reproduction, or alteration.

I acknowledge and declare that I have read and fully understand the contents of this Consent and Release, and that all questions pertaining to this consent have been answered to my satisfaction. I declare that I am at least eighteen (18) years of age and have authority and capacity to bind myself and have voluntarily executed this Consent.

Signature

Date

Printed Name