

I, \_\_\_\_\_, authorize Jaffrey Eye Care the use and disclosure of my photographic image, photographic images of my eye(s), and my testimonials/reviews. I grant the right for Jaffrey Eye Care to edit, use, and reuse these images or testimonials in print, online, and on the following social media platforms: Facebook, Instagram, and business website. I authorize the sharing of information regarding diagnosis, treatment, and healthcare services provided. I give this authorization without expectation of compensation.

I understand that my personal health information or other information released via social media platforms may be subject to re-disclosure by such social media platforms and may no longer be protected by applicable Federal and State privacy laws.

I understand that I may revoke this release at any time in writing and that the use of my photos or other information authorized by this release will cease upon receipt of signed revocation.

I understand that revoking this release is not retroactive and does not include posts already used by the authorization of this release.

I understand that I have a right to a copy of this authorization.

I understand that this authorization is voluntary and **I may refuse to sign**. My refusal to sign will not affect my ability to seek treatment from Jaffrey Eye Care, eligibility of benefits, or payment for or coverage of services.

Please specify uses:

- Media may be used on website.
- Media may be used on social media (Facebook, Instagram).
- May include a description of condition and treatment, including before and after comparison.
- Full face can be shown.
- Only images of the eye.
- First name can be used.
- Last name can be used.

If patient is a minor: I am the parent/guardian of \_\_\_\_\_, and I am signing this consent on their behalf. I understand that the same provisions apply to my consent and that I may revoke consent at any time in writing as laid out .

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Client Signature

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Date