

Consent/Release Form for Medical Images

I do hereby consent and agree that Katranji Reconstructive Surgical Institute, and/or any of its affiliates, represented by Abdalmajid Katranji, MD, William Huettner, MD, and its staff have the right to take photographs or record video or audio of me (and/or my property) and to use these for educational or promotional materials. No personal identifying data shall be released without prior written authorization.

I do hereby release to Katranji Reconstructive Surgical Institute represented by Abdalmajid Katranji, MD, William Huettner, MD, and its staff all rights to exhibit this work publicly or privately, including posting it on a website. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs, video, or audio, and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I have read and understand the foregoing statement and I am competent to execute this agreement.

I understand:

1. Purpose

I understand that by giving consent, Katranji Reconstructive Surgical Institute represented by Abdalmajid Katranji, MD, William Huettner, MD, and its staff can use and retain the name, image, sound or other recording, personal property, or copyright material of the participant for the following purposes:

- Public relations, promotion, advertising, reporting and planning, commercial activities;
- Use by media in relation to activities that show the participant in a positive light, e.g. award presentations, donations or sponsorships;

2. Duration

I understand that this consent will continue until I, the participant, or where the participant is a child, the participant's parent or guardian, withdraws consent in writing to Katranji Reconstructive Institute 2111 Merritt Road Suite 101, East Lansing, MI 48823

3. Use

I understand that 'use' includes:

- To create, make copies of or reproduce or retain in any form, including by camera, video or digital recorder, webcam, close circuit television, mobile phone or any other device;
- To distribute, publish or communicate either publicly, privately or commercially in any form, including via newsletters and other print media, television, the internet, CD-ROM or other multimedia.
- In whole or in part or in conjunction with any wording or drawings.

4. Retain

I understand that 'retain' means:

- a. Katranji Reconstructive Surgical Institute represented by Abdalmajid Katranji, MD, William Huettner, MD, and its staff may use the image, sound or other recording, personal property (including artifacts), or copyright material unless I withdraw my consent.



- b. Katranji Reconstructive Surgical Institute represented by Abdalmajid Katranji, MD, William Huettner, MD, and its staff will not pay the participant for giving this consent or for the use or the participants name, image, sound or other recording, or for the personal property (including artifacts), or copyright material.
- c. This Consent and Release Form does not transfer ownership of intellectual property to Katranji Reconstructive Surgical Institute represented by Abdalmajid Katranji, MD, William Huettner, MD, and its staff. Intellectual Property rights still apply to the image, sound or other recording, personal property (including artifacts), or copyright material. This Consent to Release Form permits Katranji Reconstructive Surgical Institute to use the material for the purposes stated above.
- d. Nothing in this Consent and Release From limits the rights that Katranji Reconstructive Surgical Institute has in relation to the use of the participants name, image, sound or other recording, copyright, or other intellectual property under any other law.

Printed name of patient or patient representative

Signature of patient or patient representative

Date

Relationship to patient (if other than patient)

If the above signature is that of a patient's representative, our office must complete the following:

Katranji Reconstructive Surgery Institute, PLLC has verified the identification of _____ (patient's representative name) by _____ (type of verification, e.g. drivers license) and that in his/her capacity of _____ (description of authority to act, e.g. legal guardian, patient authorized representative, power of attorney for medical care including medical records, executor of estate).

Verification completed by:

Associate name and signature

Date