



JESSICA H. BRIGATI, DDS, PLLC  
FAMILY DENTISTRY

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PHOTOGRAPH / MARKETING RELEASE

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**Photograph Release**

I hereby give Dr. Jessica H Brigati, DDS, PLLC and/or her staff permission to use my likeness in a photograph in any and all of its publications. I authorize them to edit, alter, copy, exhibit, publish or distribute this photo for purpose of publicizing their programs or for any other lawful purpose. I hereby forever release and discharge Dr. Jessica H. Brigati, DDS, PLLC and any representatives, subsidiaries and affiliates, and all successors and assigns, from any and all claims, damages, actions and demands in any way arising out of or in connection with the use of such photograph, including but not limited to any claims for defamation or invasion of privacy. For a photograph of me, I represent and certify that (a) I am of legal age OR (b) for a photograph of a minor child, I represent and certify that I am the parent or the legal guardian of that child. Further, I represent and certify that I am not under any legal disability and that I have read the foregoing carefully and fully understand the contents and meaning of this release.

*I have read, understand and agree to this Photographic Release. By typing or signing your name below, you have reviewed and electronically or physically signed this portion of this form.*

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*Print Name*

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*Signature of Responsible Party*

\_\_\_\_\_

*Date:*

**Marketing Release**

I would like Jessica H. Brigati DDS, PLLC to communicate with me via e-mail, phone, text, mail or other media about products or services that pertain to my conditions or that contribute to matters related to my health and/or my medical treatment. I understand my Protected Health Information may be referenced to determine that I may be likely a candidate for products or services that my dental health practitioner may share with me.

Jessica H. Brigati DDS, PLLC may communicate with me about my oral health, treatment, appointments, and post-operative follow-ups by mail, e-mail, text or by phone to the contact information on file. It is my responsibility to ensure all my contact information is up-to-date. I understand that communication between Jessica H. Brigati DDS PLLC and I may not be encrypted and my information could be intercepted by unauthorized persons. Jessica H. Brigati DDS, PLLC will not be responsible for any unauthorized interceptions. However, we will make reasonable measures to ensure proper delivery or notification of our patient's information. Examples include, but are not limited to, post-operative phone calls and appointment reminders.

*This consent remains in effect until expressly revoked (in writing). I have read, understand and agree to this Photographic Release. By typing or signing your name below, you have reviewed and electronically or physically signed this portion of this form.*

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*Print Name*

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*Signature of Responsible Party*

\_\_\_\_\_

*Date:*

**FOR OFFICE USE ONLY** \_\_\_\_\_ **WITNESS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_