

Jersey Joint Spine & Regen, LLC

Dr. Gerald M. Vernon

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Telephone: 732-858-6638 Fax: 732-399-5463

Patient Image & Likeness Authorization & Release (New Jersey)

Practice Name: Jersey Joint Spine & Regen

Treating Physician: Dr. Gerald M. Vernon

Patient Information

Patient Name:

Date of Birth:

Parent/Guardian (if minor):

Permission for Use (check all that apply):

Practice website

Social media platforms

Online / digital advertising

Printed marketing materials

Authorization

I authorize Jersey Joint Spine & Regen and Dr. Gerald M. Vernon to capture and use my image and likeness for the purposes selected above. My care will not be affected.

Duration of Authorization

This authorization has no expiration date and remains in effect unless revoked in writing.

HIPAA Authorization

I understand images may be Protected Health Information (PHI). Revocation does not affect prior use.

Revocation of Authorization

Patient / Guardian Signature (draw or sign electronically):

Printed Name:

Date:

Internal Staff Witness (office use only)

Witness Name:

Witness Signature:

Witness Date:

Governing Law: This authorization is governed by the laws of the State of New Jersey.