



Authorization for Photography, Videotape, Audiotape, and Interview Use and Release

I authorize Anew Weight Loss Center, PLLC and/or its subsidiaries, partnerships, limited partners, general partners, parent companies or affiliates to photograph, videotape, audiotape or interview me. I give permission for Anew Weight Loss Center, PLLC to publish and use such materials or any portions thereof in its sole discretion and in any manner, it desires including but not limited to informing and educating the public as well as to commercially promote, advertise and/or for marketing purposes. I hereby waive any right to compensation for Anew Weight Loss Center’s use of such materials which may display my likeness, photographs, image, voice, statements and name, and release Anew Weight Loss Center, PLLC and its employees and agents from liability for any causes of action or claims of damages relating to Anew Weight Loss Center’s use of such materials including but not limited to any claims of invasion of privacy, defamation, infringement of my right of publicity, copyright infringement. I recognize that I may be providing and disclosing my protected health information of which I would have the right to full confidentiality and privacy. I authorize Anew Weight Loss Center, PLLC to publicize and/or reproduce such protected health information as referenced above and release and waive any claims against Anew Weight Loss Center’s employees, agents, officers and directors from any causes of action or claims of damages relating to the disclosure of such information and the privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) or any other law. As referenced below, I have the right to revoke this authorization. However, I acknowledge and agree that any revocation of this authorization will not change any actions that Anew Weight Loss Center, PLLC took before I did so and it will be able to use and disclose the information I provided prior to the revocation.

(Client’s Name - Please Print)

(Date)

(Client’s Signature)

(Witnessed Name—Please Print)

(Date)

(Witnessed Signature)