



James P. Bradley, MD, FACS
Vice Chairman, Department of Surgery
Professor Plastic Surgery
Craniofacial and Cosmetic Surgery
Pediatric and Craniofacial Surgery
www.JamesPBradleyMD.com

1991 Marcus Avenue, Suite 102
Lake Success, NY 11042
Tel (516) 497-7900
Fax (516) 497-7920
JBradley3@northwell.edu

AUTHORIZATION AND CONSENT FOR PHOTOGRAPHY AND FILMING

I hereby grant Dr. James P Bradley, and Northwell Health providers (collectively 'Northwell Health') and the Media (which shall include print, internet, or television) permission to photograph, or videotape me for medical reasons, whether in whole or in part. This shall include without limitation my name, voice, picture, and/or biographical information, in any broadcast, websites, and medical publications. I understand that these images may be used for insurance authorization purposes, medical research, and marketing. Such information may be included in, without limitation, publications, newspapers, television, electronic media, videotape or motion pictures. No other rights of privacy related to my disclosed images and other information can be attached or inferred. Furthermore, Northwell Health System and the Media make no warranties of privacy following the broadcast or publication of my images and other information.

By signing below, I: *(i)* agree to and accept the terms and conditions of this consent; *(ii)* absolve Northwell Health and the Media from any further obligation to maintain the privacy of my disclosed information provided as a result of this Consent/Authorization; and *(iii)* indemnify and hold harmless Northwell Health, the Media and their respective agents, employees, officers, directors, and representatives from any and all claims, demands and courses of action, present and future, known or unknown, which may arise or be connected to, in any way to the use or release of any other matter that is the subject of this Consent and Authorization.

Patient's Name (Printed): _____

Patient's Signature: _____ Date: _____