



## Authorization Form for Use or Disclosure of Patient Information

Patient Name: JOHN PAYNE

Patient Date of Birth: 6-10-51

Patient chart no. 1127155

I hereby authorize the use and disclosure of patient information contained in my patient record for student presentations as part of The University of the Pacific, Arthur A Dugoni, School of Dentistry's Excellence Day.

Excellence Day is the dental school's annual showcase of clinical excellence, research achievements and community service. It is open to the dental school community as well as the wider University of the Pacific community, alumni, and other invited guests.

I understand that information contained in my record will be used by students to present the work they have done on my case as part of this event.

I understand that information disclosed through this authorization may be subject to re-disclosure and may no longer be protected by privacy rules.

I understand I may refuse to sign this authorization and that doing so will in no way affect my eligibility to receive treatment or benefits.

I understand that I am entitled to a copy of this authorization.

I understand that I may revoke this authorization at any time, and that my revocation is not effective unless it is in writing and received by the University Privacy Officer. If I revoke this authorization, my revocation will not affect any actions taken by the School of Dentistry before receiving my written revocation.

This authorization expires at the conclusion of Excellence Day 2019 Events and Competitions.

Signature of Patient or Patient's Personal Representative:

[Signature]

Date: 4-23-19

If Personal Representative:

Print Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

UNIVERSITY OF THE  
**PACIFIC**

**Photograph, Audio, Video & Quotation Release Form**

I hereby grant permission and the rights to use my image, likeness and sound of my voice, and any specific quotes, as recorded on audio, video or camera, either digitally or on tape/film ("Material") to University of the Pacific, without payment or any other consideration. I understand that the Material may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness, voice or statements appear. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Material. I also understand that the Material may be used in diverse settings within an unrestricted geographic area.

The Material may be used for educational, promotional, marketing, sales, or informational purposes in the following formats:

- print materials
- presentations
- online courses
- social media
- websites
- emails
- videos
- webinars
- conventions/conferences

By signing this release I understand this permission signifies that the Material may be electronically displayed via the Internet or in any public setting. I further understand that I will be consulted about the use of the photographs, audio or video recording for any purpose other than those listed above and that these rights in no way restrict publication of the Material in any other form by me or others authorized by me.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing the Material.

I am 18 years of age or older, and I understand that I am legally bound by this release which is governed by the laws of the State of California.

I have read and fully understand the terms of this release.

Participant Name John Payne  
Address 287 YEABA BUENA AVE City SAN FRANCISCO State CA  
Zip 94127 Phone Number 530-559-5214  
Signature [Signature] Date 4-23-19

UNIVERSITY OF THE  
**PACIFIC**

**Photograph, Audio, Video & Quotation Release Form**

I, JOHN PAYNE for myself and as the parent/guardian of \_\_\_\_\_ hereby grant permission and the rights to use, individually or together, images, likeness and sound of our voice, and any specific quotes, as recorded on audio, video or camera, either digitally or on tape/film, ("Material") to University of the Pacific, without payment or any other consideration. I understand that the Material may be edited, copied, exhibited, published or distributed and I waive the right to inspect or approve the finished product wherein such Material appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of such Material. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

The photographic, audio or video recordings may be used for educational, promotional, marketing, sales, or informational purposes in the following formats:

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- social media
- websites
- emails
- videos
- webinars
- conventions/conferences

By signing this release I understand this permission signifies that reproduced statements, photographic, audio or video recordings of my son/daughter may be electronically displayed via the Internet or in any public setting. I further understand that I will be consulted about the use of the photographs, audio or video recording for any purpose other than those listed above and that these rights in no way restrict publication of the materials in any other form by me or others authorized by me.

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I am 18 years of age or older, and I understand that I am legally bound by this release which is governed by the laws of the State of California.

I have read and fully understand the terms of this release. Participant Names:

JOHN PAYNE

Address 287 YERBA BUENA AVE City SAN FRANCISCO

State CA Zip 94127 Phone Number 530-559-5214

Parent/Legal Guardian \_\_\_\_\_

Signature [Signature] Date 4-23-19