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.

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(Client’s Name - Please Print) (Date)

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(Client’s Signature)

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(Witnessed Name—Please Print) (Date)

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(Witnessed Signature)