

Dear Patient:

Dr. Stelnicki would like your consent to place your picture or a picture of your child on his Internet website. This photo will be used as an educational tool to help other families. Your name will not be used. The photo or photos will be placed either directly on the site or in a photo album for reference. These photos help other understand what is involved in their surgery and their recovery.

You will have the right to change your mind about the use of the photos at any time. If you no longer want the photos on the website, simply inform Dr. Stelnicki in writing and the photo will be removed. Your photos will not be used for any other reason and they will not be shared with any other companies.

Thank you for your participation.

I, _____ freely consent to allowing Dr. Stelnicki to place photos of myself and/or my family members on the websites drstelnicki.com and/or facingittogether.org. I understand that these are for educational purposes. I also understand that I may have the photo's removed at any time. I will not hold Dr. Stelnicki, Facing It Together Foundation, or his corporation, liable for any situations that may arise out of the use of these photographs.

Patient Signature

Eric J. Stelnicki, M.D.