

# INFORMED CONSENT AND AGREEMENT FOR THE **WEBCEPH** PATIENT

## WEBCEPH DESCRIPTION

WebCeph (developed by AssembleCircle, Inc.) is produced specifically for analyzing medical records such as cephalometric radiographs, panoramic radiographs, clinical facial photos, clinical intraoral photos. WebCeph runs on web-cloud server and uses artificial intelligence technology to analyze medical records.

## INFORMED CONSENT

I authorise my doctor to release my medical records, including, but not be limited to, radiographs (x-rays), reports, charts, medical history, photographs, findings, plaster models or impressions or intra-oral scans of teeth, prescriptions, diagnosis, medical testing, test results, billing, and other treatment records in my doctor's possession ("Medical Records") (i) to other licensed dentists or and organisations employing licensed dentists and orthodontists and to WebCeph, its representatives, employees, successors, assigns, and agents for the purposes of investigating and reviewing my medical history as it pertains to orthodontic treatment with product(s) from WebCeph and (ii) for educational and research purposes. I understand that use of my Medical Records may result in disclosure of my "individually identifiable health information" as defined by the Health Insurance Portability and Accountability Act ("HIPAA"). I hereby consent to the disclosure(s) as set forth above. I will not, nor shall anyone on my behalf seek legal, equitable or monetary damages or remedies for such disclosure. I acknowledge that use of my Medical Records is without compensation and that I will not nor shall anyone on my behalf have any right of approval, claim of compensation, or seek or obtain legal, equitable or monetary damages or remedies arising out of any use such that comply with the terms of this Consent. A photostatic copy of this Consent shall be considered as effective and valid as an original. I have read, understand and agree to the terms set forth in this Consent as indicated by my signature below.

Signature

Witness

Print Name

Print Name

Address

Signature of Parent/Guardian:

City

If signatory is under 18, the parent or legal Guardian must also sign to signify agreement.

Date