

**PATIENT CONSENT AND RELEASE
AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

1. I release my treating doctor and/or healthcare professional from the doctor-patient confidentiality obligations and hereby expressly agree and authorize my treating doctor to submit my orthodontic and related treatment record as well as information concerning my orthodontic medical history and my treatment (which includes, information, documentation and materials relating to my partial or completed treatment with any orthodontic and/or clear aligner system, photographs, treatment plans, treatment records, radiographs (x-rays), testimonials, models, PVS impressions, intraoral scans, photograms, treatment summary forms, and demographic information) ("**Patient Data**"), to Align Technology, Inc. (along with its affiliates and subsidiaries listed below) (together "**Align**") for the purposes described in Paragraph 5 ("**Permitted Purpose**").
2. I understand that I am free to sign this consent form and that my treatment does not depend on me agreeing to the release of my Patient Data for the Permitted Purpose.
3. I understand that my Patient Data will be sent to Align by my dentist and/or healthcare professional
4. I understand that the Align may use my Patient Data (excluding identifiers such as my patient record number or initials) in casebooks, treatment galleries (including publicly available, on-line galleries), Invisalign websites, clinical education publications, convention exhibits and presentations (which may be online, in person, or in print), or other professional education program without compensation to me.
5. By signing this document, I agree that Align may use my Patient Data (excluding my patient record number and initials) for advertising and any other marketing or promotional activities. This includes the right for Align to sublicense to or share the information with third parties, including advertising agencies and marketing partners. I understand that the Patient Data disclosed to Align is, therefore, subject to re-disclosure and may no longer be protected under certain health-information privacy laws, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). I authorize this use and disclosure of my Patient Data.
6. I understand that Align may transmit or provide my Patient Data to its offices located outside my country of residence as well as to third parties also located outside my country of residence or region. These countries do not necessarily offer the same safeguards to protect my Patient Data as my national law. However, where Align transfers my Patient Data outside my country of residence or region, Align will provide adequate protection, as required by the applicable law.
7. Align will only process Patient Data for the Permitted Purpose and will do so as a controller in full compliance with applicable laws in my jurisdiction.
8. I understand that I am free to refuse or withdraw my permission to use my Patient Data for the Permitted Purpose at any time and free of charge, but understand that where my Patient Data has been used in print or has been copied by an outside third party from an earlier online version my refusal or withdrawal will not have a retroactive effect.
9. I have the right to request access to my personal data at any time and to request correction, removal or blockage thereof. To this end, or if I wish to withdraw my consent, I may contact Align at:

Attn: Privacy Office
Align Technology, Inc.
2820 Orchard Parkway
San Jose, CA 95134

or via email at Privacy@aligntech.com

Patient Name

Patient Signature

Date Signed

If necessary, Witness Name

Witness Signature

Date Signed

If patient lacks the legal capacity to sign, a parent or legal guardian must also sign

Parent/Guardian Name

Parent/Guardian Signature

Relationship to Patient

Date Signed