



## AUTHORIZATION FOR AND RELEASE OF PATIENT PHOTOGRAPHS

This is a consent document discussing your permission to take photographs and to use these images for the purpose defined below. It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by Gulf Coast Plastic Surgery.

### CONSENT TO TAKE PHOTOGRAPHS

I, \_\_\_\_\_ hereby authorize Gulf Coast Plastic Surgery, (patient's name or guardian) its successors and assigns, the right to take preoperative, intraoperative, and postoperative photographs of me.

### CONSENT FOR RELEASE OF PHOTOGRAPHS

I, \_\_\_\_\_ hereby authorize Gulf Coast Plastic Surgery, (patient's name or guardian) its successors and assigns, the right to use preoperative, intraoperative, and postoperative photographs of me in which I have participated on behalf of Gulf Coast Plastic Surgery. The usage of these photos will be limited to:

- medical purposes related to case
- scientific purposes, including seminars and medical articles
- before and after photo album for other patients to view in the office
- before and after photos to be included in newsletter to be sent to patients
- before and after photos to be included in Gulf Coast Plastic Surgery's web site

Gulf Coast Plastic Surgery need not approach me again for authorization to use these photos unless the usage differs from that listed above.

Neither, I nor any member of my family will be identified in any publication. I understand that in some circumstances the photos may portray features that may make my identity recognizable. I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images.

This release and authorization does not conflict with any existing commitment on my part. I understand that Gulf Coast Plastic Surgery is not obligated to make use of its rights set forth herein.

\_\_\_\_\_  
(witness – full name)

\_\_\_\_\_  
(model – full name)

\_\_\_\_\_  
(witness – signature)

\_\_\_\_\_  
(model – full signature)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(city, state, zip)