

Photo-Video Consent

AUTHORIZATION FOR RELEASE OF PATIENT PHOTOGRAPHS and VIDEO

NAME _____

This consent permits photography of me or parts of my body related to the procedure(s) that have been or will be performed. These Photographs will be used solely for the purpose of my medical care and treatment effectiveness; unless one of the additional consents is initialed below.

_____ I agree to having my photographs posted as before and after pictures on their Website and/or Social Media, and/or to distribute them in print and/or electronic media to inform prospective patients. I will not be identified by name in any publication.

_____ I agree to a brief video of my procedure which may be posted to their Website and/or Social Media without my name or other identifying information, unless I myself state my name.

The authorization hereby granted is voluntary, and continues until I submit a written request to Dr.'s Anjari & Foruhari withdrawing this authorization. Upon withdrawal, my photographs and/or video, in part or in total as requested by me, will be removed from any and all electronic media within 60 days. Photographs released in printed form by publisher before the date of my withdrawal will not be affected by my withdrawal.

Photographs and Videos of me may be considered private health information. It is my right to refuse to authorize the release of my private health information. Refusal to grant consent for release of my private health information will prevent the disclosure of such information, however will never affect the quality of care I receive.

I release and discharge Dr.'s Anjari & Foruhari, and all parties acting under their license and authority from all rights that I may have in the photographs and/or Video and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of the photographs.

I certify that I have read the above Authorization and Release and fully understand its terms.

Signature

Date