



## FACE Cosmetic Surgery - Photography Consent

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**This authorization document has been prepared to request your permission to take photographs. We take your privacy very seriously, it is important to carefully review this document and make selection of the appropriate consent below.**

By signing this form below, I confirm that this consent form has been explained to me in terms which I understand. I understand that in some circumstances the photographs may portray features that shall make my identity recognizable. Although these photographs will be used without identifying information such as my name, I understand that it is possible someone may recognize me.

### \_\_\_\_\_ **Website and Social Media**

**Initials**

Photographs taken of me as well as details regarding the medical services/procedures that I have received from FACE Cosmetic & Reconstructive surgery may be used in the following;

#### **Please check off which you consent to**

- \_\_\_ Newspaper and Advertisements
- \_\_\_ Pamphlets
- \_\_\_ Office Photo Albums
- \_\_\_ Educational Films
- \_\_\_ Internet (Website, Instagram & Facebook)
- \_\_\_ Medical Teachings (shown to future patients undergoing the same surgery)
- \_\_\_ Medical Journals and Textbooks
- \_\_\_ **Check here if you would prefer your eyes blurred out for photographs**

### \_\_\_\_\_ **Medical Records Only**

**Initials**

Photographs taken of me can be used solely for the purpose of documentation of medical care with FACE Cosmetic & Reconstructive Surgery. The photographs and all details regarding medical services rendered to me will be kept confidential within my personal medical file at FACE.

**I grant this consent and certify that I have read the above carefully and fully and understand its terms. I understand that I will not receive payment from any party.**

**PATIENT SIGNATURE:**

**DATE:**

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