

Perioperative Services
SURGICAL and AESTHETIC MEDICINE
Medical Photography Authorization Form

PATIENT AUTHORIZATION

I, _____, authorize the use and disclosure of my name and/or photographic/video images of me or parts of my body in connection with the surgery procedure(s) intended or performed by my **Surgeon** on this date. I understand that photographs may be taken before, during, and after my procedure(s) as a routine part of my medical care and will be **placed in my medical record for future reference and treatment**. I further understand that these photographs will be kept strictly confidential unless otherwise authorized as indicated below.

I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.

I agree/disagree that the images may be disclosed for the following purposes:

(Please initial YES or NO for each of the items below)

_____ YES _____ NO	to electronically email to my treating provider and/or my primary care provider.
_____ YES _____ NO	to be used by my attending provider for education and training
_____ YES _____ NO	to be displayed in my provider's office photo gallery to help future patients understand and see outcomes from plastic surgery;
_____ YES _____ NO	to be placed on my provider's website or affiliated websites for marketing to prospective patients;
_____ YES _____ NO	to be used in paper or electronic health publications
_____ YES _____ NO	to be used in commercial broadcast
_____ YES _____ NO	to be used in case of a litigation claim

By signing below, I confirm that I understand this authorization form.

Signature of Patient/Parent or Guardian:

Date:

Signature of Provider:

Date:

Revocability:

I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive. This authorization covers the procedure performed on this date and expires ten (10) years from date signed.