

## Authorization and Consent for Photographs Used in Public Media

### Patient Information

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Photograph Consent and Release

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after surgery or a procedure. The photographs will be taken by one of the members of Paige C. Holt MD Plastic Surgery and Aesthetics and Glori Traeder CNP medical staff. I hereby give my consent for Paige C. Holt MD Plastic Surgery and Aesthetics and Glori Traeder CNP to use the photographs under one of the following circumstances.

#### Please initial ONE of the following:

\_\_\_\_\_ **Internet:** Photographs taken of me or parts of my body as well as details regarding medical services that I have received at Paige C. Holt MD Plastic Surgery and Aesthetics and Glori Traeder CNP can be used on the company's website in order to inform the public about plastic surgery methods. Further, I release and discharge Paige C. Holt MD Plastic Surgery and Aesthetics and Glori Traeder CNP and any employees of Paige C. Holt MD Plastic Surgery and Aesthetics and Glori Traeder CNP and all parties acting under their license and authority, from any and all claims or actions that I have or may have relating to such use and publication, and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including any claims for payment, in connection with any such use or publication. I give my consent as a voluntary contribution in the interest of public education, and my consent is subject only to the condition that I am not identified by name or any other identifying marks at any time during any use or publication of these materials by any party.

\_\_\_\_\_ **All Media:** Photographs taken of me or parts of my body as well as details regarding medical services that I have received at Paige C. Holt MD Plastic Surgery and Aesthetics and Glori Traeder CNP can be used in any print or broadcast media, including, but not limited to newspapers, pamphlets, educational films, internet, and television, in order to inform the public about plastic surgery methods. Further, I release and discharge Paige C. Holt MD Plastic Surgery and Aesthetics and Glori Traeder CNP and any employees of Paige C. Holt MD Plastic Surgery and Aesthetics and Glori Traeder CNP and all parties acting under their license and authority, from any and all claims or actions that I have or may have relating to such use and publication, and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including any claim for payment, in connection with any such use or publication. I give my consent as a voluntary contribution in the interest of public education, and my consent is subject only to the condition that I am not identified by name at any time during any use or publication of these materials by any party.

\_\_\_\_\_ **Medical Care Only:** Photographs taken of me or parts of my body can be used solely for the purpose of my medical care with Paige C. Holt MD Plastic Surgery and Aesthetics and Glori Traeder CNP. The photographs and all details regarding medical services rendered to me will be kept confidential within my personal medical history file at Paige C. Holt MD Plastic Surgery and Aesthetics and Glori Traeder CNP.

By signing this form, I acknowledge my consent as initialed above, and further recognize that this consent form will supersede any other photo consent form with a date prior to the date written below. This consent may be revoked at any time by written request or by completion of a new form.

\_\_\_\_\_  
Signature (Patient or Parent/Guardian if patient is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature