# PHOTOGRAPHIC RELEASE AND CONSENT

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that Richard Wassermann, M.D. or designated representatives of the practice may take and use preoperative and postoperative photographs of my person for confidential clinical record purposes and that such photographs shall remain the property of Richard Wassermann, M.D.

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| Patient Signature |  | Date |

I fully and specifically grant my permission for the use of photographs, videotapes, or case information for the following additional purposes as indicated by my initials below. As a result of this use I understand that these photographs, videotapes, or case information may appear in other related, updated, or reprinted formats at any concurrent or future occasion. I understand that such consent is strictly on a voluntary basis. I understand a copy of this consent may be supplied with the images to any third party wherein they may be published or presented. I understand that some photographs may, by their representation, make me identifiable in appearance to others. I authorize Richard Wassermann, M.D and Plastic Surgery Consultants Staff to use my photographs, videotapes, and case information in the following educational, scientific, and marketing settings:

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|  | My surgeon’s file of pre- and postoperative patient photographs available to prospective patients for viewing in the office |
|  | Newspaper, magazine articles, Plastic Surgery Consultants Website, and social media outlets including Facebook and Instagram in which my surgeon participates |
|  | Lectures and multimedia presentations given by my surgeon |

I also authorize my plastic surgeon’s professional associations, the not-for-profit **American Society for Aesthetic Plastic Surgery and American Society for Plastic Surgeons**, to use my photographs and case information in fulfilling its mission of public education, in the settings that I have initialed:

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|  | Patient education brochures available for purchase, case studies presented on the Society’s web site at [www.surgery.org](http://www.surgery.orgu), television programs about plastic surgery, lectures and slide presentations available for purchase, and educational video tapes available for purchase. |

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| Signature of Patient or Representative |  |

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| Signature of Practice Representative Witness |

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| Printed Name of Patient or Representative |  |  |  | Relationship of Representative to the Patient |

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Date \*\*All reasonable effort will be made to preserve confidentiality.\*\*