

AUSTIN-WESTON CENTER FOR COSMETIC SURGERY

PATIENT NAME: _____

PHOTOGRAPHS / FILMS / VIDEO

Patient # _____

I, _____ hereby authorize the Austin-Weston Center for Cosmetic Surgery and _____, M.D. to use the before and after photos, film or video for the following purposes:

Patient Initials

_____ Teaching purposes, which include illustrating techniques to other plastic surgeons

_____ Illustrating results to prospective patients in the office or at informational talks/seminars.

_____ Advertisements of the above-mentioned physician(s), including but not limited to magazines and newspapers such as Washington Post, Washingtonian, New Beauty, Fairfax Times, etc.

_____ Emailing to Center's database promoting services, seminars, Open Houses and Newsletters.

_____ Place my photos, film or video on his/her professional website(s) and or website directories such as RealSelf.com, etc.

_____ Place my photos, film or video on the practice Facebook page, practice Twitter account, practice Google+ account, practice YouTube Channel, etc.

I am aware that my name will not be disclosed for any of the above uses.

I certify that I have read and understand this agreement and the details of the photographing / filming / videotaping have been explained to me in terms I understand, all questions answered to my satisfaction.

Date: _____

I understand that there is no expiration to this authorization; however, I may revoke this authorization at any time by notifying AWC in writing. However, I understand that my revocation will not affect any actions taken by AWC prior to receiving my written revocation.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

I certify that I have explained the nature and purpose for the proposed photographs/film/videos to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient fully understands what I have explained.

chart # _____

Date _____

copy given to patient original filed in

AWC Signature _____