

THE WESTON CENTER FOR AESTHETIC MEDICINE AND SURGERY

PHOTOGRAPHIC AUTHORIZATION AND RELEASE

I, _____, authorize The Weston Center for Aesthetic Medicine and Surgery, _____, and/or their representative(s), to take photographs, slides or videotapes of me or parts of my body in connection with the plastic surgery procedure(s) to be performed by The Weston Center for Aesthetic Medicine and Surgery.

I understand that such photographs are needed for my evaluation and medical treatment and will be taken before, during and after my procedure(s).

Photographs may also be taken for additional procedures, such as but not limited to: Botox injections, Injectables Fillers, Skin Care, Laser, etc.

In addition, I authorize the use of these images in office photo albums, websites, news media reports, newspapers, magazine, television or radio, billboard or any type of advertising without compensation to me now or in the future.

I understand that:

1. I will not be identified by name in any of the media described above; however, I also understand that in some circumstances the photographs, slides, or videotapes may display features that identify me.
2. I have the right to revoke this authorization in writing at any time. A revocation shall not affect any release of information made prior to revocation in reliance upon this Authorization.
3. The information disclosed under this Authorization, or some portion thereof, is protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
4. A copy of this Authorization is valid as the original. I have received a copy of this Authorization.

I release and discharge Dr. _____ and/or The Weston Center for Aesthetic Medicine and Surgery from all liability, including liability for negligence, that in any way arises from all rights that I may have in the photographs, slides or videotapes of me that I have authorized to be used and disclosed in this Authorization; and any claim that I may have relating to such use and disclosure of those photographs, slides or videotapes of me, including any claim for payment in connection with any distribution or publication of them in any medium.

This Authorization is made as a voluntary contribution in the interest of public education and I certify that I have read this Authorization and Release carefully and fully understand its terms.

Signature _____

Date _____

Witness _____