

Authorization For and Release of Medical Photographs

In order to track your progress, we at Skin Secrets like to incorporate the use of photos &/or videos. **Photos are used for documentation purposes**, and if consented as advertisement for the product/service. We would appreciate your willingness to share your results with others for training and marketing purposes.

If you consent, you authorize Skin Secrets, Dr. Smith and their associates or licenses to use pre-procedure, during and post-procedure photographs &/or videos for professional medical purposes as deemed appropriate including but not limited to showing these images on public or commercial television, electronic digital networks, Skin Secrets website, for purposes of medical education, patient education, or during lectures to medical groups.

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by your physician/esthetician.

Please initial the following:

_____ I understand that pre-procedure, during and post-procedure photographs will be used for documentation purposes in my chart.

In addition:

These photographs &/or videos **MAY** _____ or **MAY NOT** _____ be used for advertising purposes.

Please: _____ Block out eyes

_____ Zoom in on treated areas only

List any other restrictions you have _____

_____ I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images and/or my interview.

Print Name: _____

DOB: _____

Patient Signature: _____

Date: _____

Witness: _____

Date: _____