

PATIENT PHOTOGRAPH AND MEDIA RELEASE CONSENT FORM



VER HALEN AESTHETICS
AND PLASTIC SURGERY

PATIENT _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after surgery. The photographs will be taken by one of the member of the West Houston Aesthetics and Plastic Surgery, PLLC (Ver Halen Aesthetics and Plastic Surgery) staff. I hereby give my consent for West Houston Aesthetics and Plastic Surgery, PLLC (Ver Halen Aesthetics and Plastic Surgery) to use the photographs under one of the following circumstances:

Please initial JUST ONE of the following:

ALL MEDIA

_____ Photographs taken of me or parts of my body as well as details regarding medical service as I have received at West Houston Aesthetics and Plastic Surgery, PLLC (Ver Halen Aesthetics and Plastic Surgery). may be used in any print or broadcast media, including but not necessarily limited to newspapers, pamphlets, educational films, our internet site and television, in order to inform the public about plastic surgery methods. Further, I release and discharge West Houston Aesthetics and Plastic Surgery, PLLC (Ver Halen Aesthetics and Plastic Surgery), the facility used, and the American Society of Plastic Surgery, 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 claim for payment in connection with any such user 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.

WEBSITE ONLY

_____ Photographs taken of me or parts of my body as well as details regarding medical services that I have received at West Houston Aesthetics and Plastic Surgery, PLLC (Ver Halen Aesthetics and Plastic Surgery). may be used on our website in order to inform the public about plastic surgery methods. Further, I release and discharge West Houston Aesthetics and Plastic Surgery, PLLC (Ver Halen Aesthetics and Plastic Surgery)., the facility used, and the American Society of Plastic Surgery, 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 claim for payment in connection with any such user 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.

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PHOTO ALBUM ONLY

_____ Photographs taken of me or parts of my body as well as details regarding medical services that I have received at West Houston Aesthetics and Plastic Surgery, PLLC (Ver Halen Aesthetics and Plastic Surgery). may be used in the photograph album in order to inform other plastic surgery patients about plastic surgery methods. Further, I release and discharge West Houston Aesthetics and Plastic Surgery, PLLC (Ver Halen Aesthetics and Plastic Surgery)., the facility used, and the American Society of Plastic Surgery, 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 claim for payment in connection with any such user 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 ONLY _____ Photographs taken of me or parts of my body can be solely used for the purpose of my medical care with West Houston Aesthetics and Plastic Surgery, PLLC (Ver Halen Aesthetics and Plastic Surgery). The photographs and details regarding medical services rendered to me will be kept confidential within my personal medical file at West Houston Aesthetics and Plastic Surgery, PLLC (Ver Halen Aesthetics and Plastic Surgery).

Date _____ Witness _____

Patient or Guardian Signature _____