

*Artisan Plastic Surgery, LLC*  
*Photograph/Video Image Consent And Release*

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 staff members of Artisan Plastic Surgery, LLC. I hereby give consent of APS, LLC to use the photographs under one of the following circumstances. Initial one of the following.

**All Media** \_\_\_\_\_ Photographs taken of my body as well as details regarding medical services that I have received at APS, LLC, may be used in any print or broadcast media, including, but not limited to newspapers, pamphlets, educational films, our internet website and television, in order to inform the public about plastic surgery methods. Further, I release and discharge APS, LLC, any employees of APS, LLC, the American Society of Plastic Surgery, and all parties acting under their license and authority 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 to me, including any claim for payment, in connection with any such use or publication. I give my consent as voluntary contribution in the interest of public education, and 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 APS, LLC, may be used on our internet website in order to inform the public about plastic surgery methods. Further, I release and discharge APS, LLC any employees of APS, LLC, 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 to me, including claim for payment, in connection with any such use 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 Care Only** \_\_\_\_\_ Photographs taken of me, or parts of my body may be used solely for the purpose of my medical care with APS, LLC. The photographs and all details regarding medical services rendered to me will be kept confidential within my personal history file at Artisan Plastic Surgery, LLC with the exception for use in examination, testing, credentialing and/or certifying purposes by the American Board of Plastic Surgery, INC.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_