# **Patient Photography Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Artistry Aesthetics, Michalynn Farley M.D. and staff representatives to take photographs of my face and/or body for medical documentation purposes to be used for my patient care, marketing, literature, and/or legal case representations. All pictures taken become part of my medical record at Artistry Aesthetics.

I understand that:

* Photographs are taken to capture treatment outcomes for medical cosmetic/aesthetic procedures.
* They may be used for print, visual purposes of informing the medical profession or general public about the procedure, presentations, and websites. These uses may include marketing on behalf of Artistry Aesthetics and Laser.
* The images taken of me may be published by Artistry Aesthetics and Laser and its agent.
* **I WILL NOT BE IDENTIFIED BY NAME IN ANY PUBLISHED MATERIAL.**
* **NO IDENTIFYING FEATURES WILL BE PRESENT IN PICTURES USED FOR MARKETING PURPOSES. IF FACIAL PICTURES SHOWING GOOD RESULTS WERE TO BE USED, WE WOULD SHOW ONLY THE AREAS DESIRED & BLACK OUT THE REST. WE MAKE EVERY ATTEMPT TO CALL FOR PERMISSION PRIOR TO USING ANY IMAGES.**
* I have the right to revoke this authorization in writing at any time through a written revocation to Artistry Aesthetics and Laser.

I hereby release Artistry Aesthetics and Laser, Michalynn Farley M.D., Michael Farley D.O. and our representatives from any and all claims and demands arising out of, or in conjunction with, the use of photographs.

□ I hereby give permission for my select photographs to be used by Artistry Aesthetics given the above stipulations. Permission can be for specific before and after photos viewed in the treatment room and noted on the specific treatment sheet OR for all photos, but this will be noted in chart.

□ I DO NOT give permission for my select photographs to be used by Artistry Aesthetics. I understand I may give verbal consent to Artistry Aesthetics to overide this statement after viewing of specific pictures. The verbal consent only applies to the pictures viewed unless otherwise stated. Consent must be noted in chart & on the treatment sheet.

CONSENT: I understand that any pictures or videos taken by myself or friends during treatment(s) that are then placed on blogs, Instagram, Facebook, or other social media or websites automatically constitute permission for Artistry Aesthetics to use these pictures or videos AS-IS for marketing and/or teaching purposes. The above stipulations will NOT apply.

#1: Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

#2: Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

#3: Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

#4: Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

#5: Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

#6: Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

mmf 5.2020