



Chester Griffiths MD, FACS • Kian Karimi MD, FACS • Natalia Guzman RN

Patient Photograph Consent & Release Form

Name: _____ DOB: ____/____/____

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after procedures. The photographs will be taken by one of the members of Rejuva Medical Aesthetics, medical staff. I hereby give my consent for Rejuva Medical Aesthetics to use the photographs under one of the following circumstances.

Please initial one of the following options:

_____ **Internet:** Photographs taken of me or parts of my body as well as details regarding medical services that I have received at Rejuva Medical Aesthetics can be used on the company's website in order to inform the public about plastic surgery methods. Further, I release and discharge Rejuva Medical Aesthetics, any employee of Rejuva Medical Aesthetics and the American Board of Facial Plastic Reconstructive Surgeons; 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 any 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 or any other identifying marks at any time during any use or publication of these materials by any party.

_____ **All Media:** Photographs taken of me or parts of my body as well as details regarding medical services that I have received at Rejuva Medical Aesthetics can be used in any print or broadcast media including, but not necessarily limited to newspapers, pamphlets, educational films, internet, and television, in order to inform the public about plastic surgery methods. Further, I release and discharge Rejuva Medical Aesthetics, any employees of Rejuva Medical Aesthetics, and the American Board of Facial Plastic Reconstructive Surgeons; 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 any claim for payment, in connection with any 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 can be used solely for the purpose of my medical care with Rejuva Medical Aesthetics. The photographs and all details regarding medical services rendered to me will be kept confidential within my personal medical history file at Rejuva Medical Aesthetics.

By signing this form, I acknowledge my consent as initialed above, and I further recognize that this consent form will supersede any other photo consent forms with a date prior to the date written below. This consent may be revoked at any time by written request or by completion of a new form.

Signature: _____ Date: ____/____/____