



Patient Photograph Consent & Release Form

Patient Name (<i>print name</i>):	Date:
<p>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 Medical Staff at Essential Woman, LLC Women's Health Center (Essential Woman).</p> <p>I understand that Essential Woman LLC will assure to take measures not to disclose my identity whereby not utilizing my name and will block out facial recognition or markings that may identify me.</p> <p>I hereby give my consent for Essential Woman LLC to use the photographs under any of the following circumstances I choose/initial below.</p> <p>Please initial appropriate following options:</p> <p>_____ Internet: Photographs taken of me or parts of my body as well as details regarding medical services that I have received at Essential Woman LLC can be used on the company's website in order to inform the public about Aesthetic/Image Improvement methods. Further, I release and discharge Essential Woman LLC any employee of Essential Woman LLC; 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.</p> <p>_____ All Media: Photographs taken of me or parts of my body as well as details regarding medical services that I have received at Essential Woman LLC 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 Essential Woman LLC any employees of Essential Woman LLC; 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.</p> <p>_____ Medical Care Only: Photographs taken of me or parts of my body can be used solely for the purpose of my medical care with Essential Woman LLC. The photographs and all details regarding medical services rendered to me will be kept confidential within my personal medical history file at Essential Woman LLC .</p> <p>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.</p>	
Patient Signature (<i>or legal guardian, please identify below</i>):	Date:
If signed by a legal guardian above, please print name and relationship to patient:	Relation: