Patient Photographic Authorization and Release

In order to provide you with the highest quality results that you desire, we have found it necessary to have photographic documentation of your progress while under our care. This includes pre-operative and post-operative photographs.

All photographs will be maintained with the highest of confidentiality possible.

I _____ consent to release to **Chattahoochee Plastic Surgery, PC (CPS)** photographs taken of me, or parts of my body, with respect to my plastic surgery treatment. Insurance companies require photographs to determine medical necessity for many procedures. This release includes the photographs taken by Dr. Naman or his medical staff.

I understand that such photographs shall become the property of CPS and may be retained by CPS or released by CPS for PUBLICATION or REPUBLICATION in any PRINT, VISUAL, ELECTRONIC (INTERNET) or BROADCAST MEDIA for the purpose which CPS deems appropriate to inform the medical profession or the general public about plastic surgery methods. The media may include, but are not limited to, the following: MEDICAL JOURNALS AND TEXTBOOKS, PAMPHLETS, NEWSPAPERS, MAGAZINES, VIDEO TAPES, TELEVISION or MOTION PICTURES.

Neither I, nor any member of my family, will be identified by name in any publication. I understand that in some circumstances the photographs may portray features that shall make my identity recognizable.

I release and discharge Dr. Vincent Naman and CPS and all parties acting under their license and authority from all rights that I may have in the photographs and from any claim that I have relating to such use and publication, including any claim for payment in connection with distribution or publication of the photographs.

I grant this consent as a voluntary contribution in the interest of public education and certify that I have read the above authorization and release and fully understand its terms.

_____ _____

SIGNATURE OF PATIENT DATE

_____ _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN RELATIONSHIP

_____ _____

WITNESS DATE