

**Cosmetic Surgery Center
10809 Executive Center Drive, Suite 100
Little Rock, Arkansas 72211**

Patient Photograph Release Form

Photograph 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 members of the Cosmetic Surgery Center staff. I hereby give my consent for Cosmetic Surgery Center to use the photographs under one of the following circumstances.

Please Initial ONE of the following:

_____ **Internet:** Photographs taken of me or parts of my body; as well as, details regarding medical services that I have received at Cosmetic Surgery Center can be used on the company's website in order to inform the public about cosmetic surgery methods. Further, I release and discharge Cosmetic Surgery Center, any employees of Cosmetic Surgery Center, and all parties acting under their license and authority, from any and all claims or actions that I have or may have regarding medical services rendered me, including any claim for payment, in connection with such use or publication. I give my consent as 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 Cosmetic Surgery Center 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 cosmetic surgery methods. Further, I release and discharge Cosmetic Surgery Center, any employees of Cosmetic Surgery Center, and all parties acting under their license and authority, from any and all claims or actions that I have or may have regarding medical services rendered me, including any claim for payment, in connection with such use or publication. I give my consent as 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.

_____ **In Office:** Photographs taken of me or parts of my body; as well as, details regarding medical services that I have received at Cosmetic Surgery Center can be used to show Cosmetic Surgery Center patients examples of the surgical results obtained by Dr. Rhys Branman. Cosmetic Surgery Center can use the pictures in books, on televisions, and iPads within the office. Further, I release and discharge Cosmetic Surgery Center, any employees of Cosmetic Surgery Center, and all parties acting under their license and authority, from any and all claims or actions that I have or may have regarding medical services rendered me, including any claim for payment, in connection with such use or publication. I give my consent as 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.

_____ **Medical Care Only:** Photographs taken of me or parts of my body can be used solely for the purpose of my medical care with Cosmetic Surgery Center. The photographs and all details regarding medical services rendered to me will be kept confidential within my personal medical history file at Cosmetic Surgery Center.

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 of Patient or Parent/Guardian if patient is under 18

Date