

Authorization to Disclose Protected Health Information Specifically Photographs/Films/Videos

The MedSpa at Raleigh Plastic Surgery Center may disclose protected health information in the form of photographs, films, and/or videos from the records of :

(Patient Name)

The reasons for this authorization are as follows:

- Education of other patients or physicians
- The physician requests the information for marketing purposes
- To be kept in patient file for reference of before and after designated treatments

Initial One:

_____ I agree and authorize the above-mentioned physician to place my photo, film, or video on this/her professional web site and or social media site.

_____ **I DO NOT** authorize the use of these photos, film, or video on any web site.

_____ I understand that the images will not be identified by name but that such photographs, videotapes, computer images, and/or Internet images may reveal my identity. I accept this loss of anonymity.

_____ I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the business at 1112 Dresser Court, Raleigh, NC 27609.

_____ I understand that a revocation is not effective to the extent that my physician has already disclosed the health information.

_____ I understand that I do not have to sign this authorization in order to receive treatment.

_____ I understand that information released by this authorization may be disclosed by the recipient and may not longer be protected by federal and state law.

_____ I further understand that photographs placed on the Internet become part of the public domain and may be modified for used for unintended or unanticipated purposes including commercial gain.

Patient Signature/Date

Witness Signature/Date