



## PHOTO RELEASE FORM

The J. Parry Clinic for Facial Plastic Surgery & Aesthetics may wish to take photographs for diagnostic purposes and to enhance your medical record. The J. Parry Clinic may also wish to use these photographs for teaching purposes or to illustrate scientific papers, books, or lectures if (in their judgement) medical research, education, or science will be benefited from their use.

The J. Parry Clinic might also request to use the photographs to demonstrate product/service effectiveness and outcomes (i.e. before & after pictures) in the office or for marketing/advertising purposes.

It is specifically understood that in any such publication or use the patient will not be identified by name.

It is also further understood that these photographs will remain the property of the J. Parry Clinic even if the patient chooses to leave the J. Parry Clinic.

### Photo Release Options:

- I give the J. Parry Clinic permission to use my image/photo and/or video for all in-office use as well as for marketing, communications, or public relations purposes.
- It is okay to use my image/photo and/or video for in-office use only (i.e.: demonstration of product/service outcomes, before & after pictures) including showing other patients that may come into the office seeking the same, or similar, products/services, but not for marketing/communications/public relations purposes.
- Please DO NOT publish, or in any way, use my image/photo and/or video for in-office, marketing, communications, or public relations purposes.
- Other, please specify: \_\_\_\_\_

If at any time I choose to opt out after giving my signed consent, I will notify the Office Manager of the retraction in writing.

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Patient Name (Please Print)

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Patient Signature

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Date

*This form will be kept in your patient file for future reference*