

## **Authorization for the Use of Photographs**

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after surgery in connection with the plastic surgery procedure(s) performed by Dr. John Rowley. The photographs will be taken by one of the members of the Dr. John Rowley's medical staff.

I understand that I may refuse to authorize the release of any health information and that my refusal to consent to the release of health information will prevent the disclosure of such information but will not affect the health care services I presently receive, or will receive, from Dr. John Rowley.

I understand that I am providing this authorization as a voluntary contribution and that such photographs shall become the property of Dr. John Rowley for the purpose of informing the medical profession or the public about plastic surgery procedures and methods.

I have the right to inspect and copy the information that I have authorized to be disclosed. I further understand that I have the right to revoke this authorization in writing at any time, but if I do so, it won't have any effect on any actions taken prior to my revocation.

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

**I authorize the anonymous use of my photographs for Dr. John Rowley, Palo Verde Plastic Surgery in the situations I have checked below:**

	<b>In office to show patients</b>	<b>For the Internet/Social Media</b>	<b>Printed Materials</b>
<b>Photos of my Face</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Photos of my Body</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that I have read the above Authorization and Release and fully understand its terms.

**PATIENT PRINTED:** \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\*I have read the above Authorization and Release. I am the parent, guardian, or conservator of, a minor. I am authorized to sign this authorization on his/her behalf \*:

**RESPONISBLE PARTY PRINTED:** \_\_\_\_\_

**RESPONISBLE PARTY SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_