



Patient Photograph Consent & Release Form

PT. NAME: _____ **DOB:** _____

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after procedures. The photographs will be taken by one of the members of Refresh Your Spirit Aesthetics LLC. I hereby give my consent for Refresh Your Spirit Aesthetics LLC. To use the photographs under **one** of the following circumstances:

Please initial ONE of the following options:

_____ **Internet, Print, & broadcast media:** Photographs taken of me or parts of my body as well as details regarding medical services that I have received at Refresh Your Spirit Aesthetics can be used on the company's website and social media platforms in order to inform the public about Aesthetic Medicine methods. I give consent these photos can be used in any print or broadcast media including, but not necessarily limited to newspapers, pamphlets, educational films, internet, and television. Further, I release and discharge, any employee of Refresh Your Spirit Aesthetics and all parties acting under their license and authority, from any and all claims or actions that I have or may have relating to such use and publication, and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including any claim for payment, in connection with any such use or publication. I give my consent as a voluntary contribution in the interest of public education, and my consent is subject only to the condition that I am not identified by name any time during any use or publication of these materials by any party. I understand I can change my mind at any time, and will remove the image Refresh Your Spirit Aesthetics if I so choose.

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

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: _____ **Date:** ____/____/____