



AUTHORIZATION TO USE PHOTOS / VIDEOS / DIGITAL IMAGES

I, _____ (Name), hereby authorize Aesthetica Surgery and Spa and Dr. Taylor, its successors and assigns, the right to use its photographs, videos and/or digital images of me for the purposes listed below. These photographs/ videos and/or digital images were captured beginning on _____ (date), and may or may not include subsequent appointments with captured images of myself during my course of treatment. **Your anonymity is HIPPA protected.**

The usage of these photographs, videos and/or digital images will be limited to:

- Medical purposes related to case
- Scientific purposes, including seminars and medical articles
- Digital or printed materials for patients to view in the office(s)
- Digital or printed materials to be included in our practice's newsletter to be sent to current or prospective patients
- Digital images to be included in our practice website
- Digital images to be uploaded to the broader Internet to be viewed by the public (examples including snapchat, Instagram and our website)

Aesthetica Surgery and Spa and Dr. Taylor need not approach me again for authorization to use these photos, videos and/or digital images unless the usage differs from that listed above. This authorization will remain in place indefinitely unless I ask Aesthetica Surgery and Spa and Dr. Taylor to terminate the use of these photos, videos and/or digital images in writing and clearly communicated to Aesthetica Surgery and Spa and Dr. Taylor. If I terminate authorization, which I may do at any time, I recognize that it will likely take a reasonable time period to accomplish. For example, to remove such pictures from the website, Aesthetica Surgery and Spa and Dr. Taylor will need to coordinate with a third-party webmaster.

Termination of prospective use of photos, videos and/or digital images may have no effect of prior distribution, such as the case with medical journals. A published journal, for example, cannot be "recalled". Further, please note that once photos, videos and/or digital images are used for any of the authorized purposes above, that information may no longer be protected by HIPAA. Providing authorization is entirely voluntary and will not affect our commitment to treatment by our practice.

To the extent allowed by law, I hold Aesthetica Surgery and Spa and Dr. Taylor harmless from any liability related to the use of these photos, videos and/or digital images for the purposes outlined above. I further hold Aesthetica Surgery and Spa and Dr. Taylor harmless for any third-party use of these photos unrelated to direct, immediate, and proximate action by Aesthetica Surgery and Spa and Dr. Taylor. This release and authorization does not conflict with any existing commitments on my part.

I understand that Aesthetica Surgery and Spa and Dr. Taylor are not obligated to make use of its rights set forth herein.

I understand that I do not have any intellectual property rights in or to these images. Copyright to photos, videos and/or digital images is retained by Aesthetica Surgery and Spa and Dr. Taylor.

Patient Signature _____ Date/Time _____

Witness Signature _____ Date/Time _____

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