

## **AUTHORIZATION FOR AND RELEASE OF PHOTOGRAPHS/SLIDES/VIDEOTAPES**

Medical aesthetics is a visually oriented specialty. As such, it is necessary that photographs be taken before, during and after an aesthetic procedure or treatment. Similar to other imaging techniques like x-rays or CT scans, this allows for proper planning before procedures and follow up evaluation afterward. Photographs are required only for the body part in question. This means that unless the planned treatment is on the face or head itself, the images typically do not include the face. Consent is required to take such images.

Additionally, patients may consent to release these photographs/slides, and videotapes for a stated purpose such as for use in instructional, educational, or promotional materials. These materials are very important to insure continued understanding of the treatments available to all patients. Please read carefully the information contained in both sections below, and provide your consent where applicable.

**A signature in section 1 is required to receive your care at Aye Le Soin, a signature in section 2, while encouraged, is optional.**

### **1. CONSENT TO TAKE PHOTOGRAPHS/SLIDES/VIDEOTAPES**

I hereby authorize Aye Le Soin, and/or one of their associates or licensees to take preprocedural, procedural, and post-procedural photographs, slides, and/or videotapes.

I consent to the use of these images for the purposes of pre-procedural planning and post-procedural evaluation by one of the staff of Aye Le Soin, and I understand that they shall be made a part of my record.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if patient is under 18 years of age):

\_\_\_\_\_

Witness: \_\_\_\_\_

### **2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES/VIDEOTAPES**

I hereby authorize Aye Le Soin, and or one of their associates or licensees to use preprocedural, procedural, and post-procedural photographs, slides, and/or videotapes for professional promotional purposes as deemed appropriate by them including but not limited to display of these images on electronic digital networks, scientific medical publications, lay publications, or during lectures to medical or lay groups for the purposes of informing the medical community or the general public about noninvasive procedures available at Aye Le Soin.

Neither I nor any member of my family will be identified by name at any time. Unless it is necessary to include it, my face will not appear in the images. I understand that in some instances the images may portray features which could make my identity recognizable. I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images and I hereby grant this consent as a voluntary contribution. This permission may be rescinded by me at any time to prohibit future use by direct written communication with Aye Le Soin.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if client is under 18 years of age):

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Witness: \_\_\_\_\_

In our desire to respect your personal space and your privacy, please let us know how you would like to be contacted by our staff.

We typically confirm with our clients 24 - 48 hours prior to appointments. Please check one of the options below for how you would like us to handle this with you.

I would like to be called on this phone number: \_\_\_\_\_  
 I would like to be e-mailed at this address: \_\_\_\_\_  
 I prefer not to receive a confirmation call or e-mail, and I understand Aye Le Soin has the right to charge me for no-show appointments.

Approximately 1-2 times a month, we correspond by mail with our clients. These include such items as thank you notes, notices of special offers and events, educational newsletters and birthday greetings. Please check one of the options below for how you would like us to handle this with you.

I am willing to receive mailings at the address I wrote on my intake form.  
 I do not wish to receive mailings.

Approximately 1-2 times a month, we correspond by e-mail with our clients. These include such items as notices of special offers and events, educational newsletters and special greetings. Please check one of the options below for how you would like us to handle this with you.

I am willing to receive e-mails at the address I wrote on my intake form.  
 I do not wish to receive e-mails