

---

## *Patient Photographic Authorization and release form*

---

***Description and definition of Patient Photographic Authorization and release form:***

*This form describes our policy for photographs use for internet and marketing. This agreement overrides the previous signed Consent for photograph form.*

---

I \_\_\_\_\_, hereby grant permission to the S-corporation RejuVenus Aesthetics PA to use photographs, slides or videotapes of me or part of my body for the following procedure (s) and for medical purposes to be used for marketing, presentation articles and my care. In addition, I authorize the use of these images, without compensation to me, for the following specific purposes. Please initial in the boxes marked Yes or No for each item.

Yes	No	Marketing Medium
		Television
		Websites for prospective patients
		Magazines, newspaper or any print advertisement
		Photo album
		Seminars for prospective patients
		Articles

I understand that:

1. Every effort will be made to protect the individual identity. I will not be identify by name in any media describe above. However, I understand that in some circumstances the photographs, slides or videotapes may display features that identify me. No pictures of the face will be published unless a facial surgical procedure is performed. No telephone numbers or address will be placed on the website.
2. I may refuse to sign this authorization without such refusal affecting my treatment and physician patient relationship with Dr Cortes or any member of his team.
3. The information discloses under this authorization is protected by HIPPA ( Health Insurance Portability and Accountability Act of 1996 (“HIPPA”))
4. Any disclosure of information carries the potential for an unauthorized re-disclosure and this information may not be protected by applicable federal and or state laws.
5. The term “photographs” as used herein includes video or still images in digital or any other format, and any other means of recording or reproducing images. This media may be published by Dr Wilberto Cortes in any print, visual or electronic media including but not limited to brochures, flyers, newspaper, textbooks, scientific presentation, internet websites
6. The following are the websites that your photographs might be published:
  1. [www.rejuvenusaesthetics.com](http://www.rejuvenusaesthetics.com)
  2. [www.bestbreastsandbutts.com](http://www.bestbreastsandbutts.com)
  3. [www.espanol.rejuvenusaesthetics.com](http://www.espanol.rejuvenusaesthetics.com)
  4. [www.espanol.bestbreastsandbutts.com](http://www.espanol.bestbreastsandbutts.com)
7. I have the right to revoke this sign authorization in writing at any time.

I release and discharge Dr Wilberto Cortes (RejuVenus Aesthetics PA) from all liability including liability for negligence that in any way arises out of:

1. Any legal action or claim that I may have had relating to such use and disclosure of photographs, slides or videotapes of me, including any claim for payment in connection with any distribution or publication of them in any medium
2. My rights that I have or may have had in the photographs of me that I have authorized to be use and disclosed in this authorization.

\_\_\_\_\_

Signature of patient

\_\_\_\_\_

Date

-----

Patient name