

## PATIENT CONSENT FOR PHOTOGRAPHY

I hereby give my consent to JOSEPH Advanced Facial Plastic Surgery, PLLC (DBA JOSEPH Advanced Oculofacial Plastic Surgery) or its affiliates to take photographs of me in connection with my care.

I understand the photographs may be used for educational or publicity purposes and may be published in print or electronically, specifically including, but not limited to, publications, scientific presentations, and websites including placement on the JOSEPH Advanced Facial Plastic Surgery, PLLC (DBA JOSEPH Advanced Oculofacial Plastic Surgery) web site for the purpose of informing the medical profession or the general public about plastic surgery methods, results, issues, trends, and similar matters. I will not be identified by name in any publication. I understand that in some circumstances, the photographs may contain features which shall make my identity recognizable. I hereby waive all rights that I may have to any claims for payment or royalties in connection with the use of these photographs and agree that these shall at all times be property of JOSEPH Advanced Facial Plastic Surgery, PLLC (DBA JOSEPH Advanced Oculofacial Plastic Surgery) or the media representative present.

I further understand that I have the right to withdraw this authorization at any time in writing to the appropriate person except to the extent that action has already been taken to release this information. JOSEPH Advanced Facial Plastic Surgery, PLLC (DBA JOSEPH Advanced Oculofacial Plastic Surgery) will not refuse to treat me based on whether I agree to allow my imaging records to be used or disclosed.

I hereby release JOSEPH Advanced Facial Plastic Surgery, PLLC (DBA JOSEPH Advanced Oculofacial Plastic Surgery) or any of its affiliates, employees or agents from all liability, including any claims for libel or invasion of privacy, directly or indirectly connected with, arising out of, or resulting from, the taking and authorized use of these photographs.

I hereby warrant that I am over eighteen years of age, and competent to consent in my own name.

By electronically signing, I grant this consent voluntarily and certify that I have read the above Authorization, Release, and Discharge and fully understand its terms.