


REGENESIS
PLASTIC SURGERY & DERMATOLOGY
Hartshorn • Swelstad • Pitcher & Kappius

For office use only

Procedure _____

Doctor/CLS _____

PHOTO/VIDEO RELEASE

I, _____ DOB _____; hereby grant ReGenesis Plastic Surgery & Dermatology the right to use photographs/videos of me. I understand that I do not have any intellectual property rights in or to these images/videos. Please select the areas in which you give ReGenesis Plastic Surgery & Skin Care the permission to use:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Medical purposes related to case. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Scientific purposes, including seminars, lectures and medical articles. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Photos/videos within the office. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Photos/videos on our website. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. (<i>Cosmetic patients only</i>) Photos/videos on our social media pages (Facebook, Instagram, YouTube) |
| <input type="checkbox"/> | | I decline the use of my photos entirely |

I understand I will NOT be identified explicitly by name in any use. That said, I understand that in some circumstances the photographs/videos may portray features that will make my identity recognizable. Hence, I understand while efforts will be made to balance my interest in privacy with intended use, it is impossible to guarantee a third party will never be able to connect the photograph/video with my identity.

ReGenesis Plastic Surgery & Dermatology need not approach me again for authorization to use these photographs/videos unless the usage differs from that listed above. If I ask ReGenesis Plastic Surgery & Dermatology to terminate use of these photographs/videos, I will do so in writing and communicate to ReGenesis Plastic Surgery & Dermatology and recognize that it will likely take a reasonable time period to accomplish. For example, to remove such photographs/videos from a website may take some coordination with the webmaster.

I hold ReGenesis Plastic Surgery & Dermatology harmless from any liability related to use of these photographs/videos for the purposed outlined above. I further hold ReGenesis Plastic Surgery & Dermatology harmless for any third-party use of these photographs/videos unrelated to direct, immediate, and proximate action by ReGenesis Plastic Surgery & Dermatology.

I understand that ReGenesis Plastic Surgery & Dermatology is not obligated to make use of its rights set forth herein. Copyright to photographs/videos is retained by ReGenesis Plastic Surgery & Dermatology.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____