

Photographic Consent

I consent to being photographed, videotaped or filmed by Maffi Plastic Surgery.

I consent to Maffi Plastic Surgery using the photographs, videotapes or films (collectively, the “Materials”) for treatment purposes, internal health care operations, such as to improve quality of care to patients, and to educate students, resident physicians, and other professionals. **I understand that this consent does not authorize the use of the Materials for practice-related advertisements, brochures or websites.**

I agree that the Materials shall be the sole and exclusive property of Maffi Plastic Surgery, free and clear of any claim on my part, and that I shall receive no royalties or other compensation or consideration for the Materials.

I release Maffi Plastic Surgery and its personnel from any and all liabilities which may arise from the use of disclosure of Materials and information under this authorization.

I understand that my name will never be provided; however, the Materials may reveal my identity if full or partial face photographs or other comparable images are obtained. I authorize Maffi Plastic Surgery to use and disclose Materials which may reveal my identity for scientific and educational related purposes only. The disclosure of the Materials and information is authorized to medical, scientific or educational audiences via methods including but not limited to continuing medical education conferences, lectures, presentations, and publications in professional journals and/or books. **I understand that this consent does not authorize the presentation of the Materials to the general public in the form of practice-related advertisements, brochures or websites.**

I understand that I may revoke this authorization at any time except to the extent that Maffi Plastic Surgery has already taken action in reliance on it. I understand that in order to revoke this authorization, I must do so in writing and present my written revocation to: Maffi Plastic Surgery, Attention: Medical Records Department, 5410 N. Scottsdale Road E-200, Paradise Valley, Arizona 85253. I understand that the revocation of this authorization will not apply to Materials and information that have already been disclosed in accordance with the terms of this authorization. I understand that this authorization will remain in effect unless specifically revoked by me.

I understand that Maffi Plastic Surgery will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

I understand that if Materials and information are disclosed to a third party, the Materials and information may no longer be protected by federal privacy regulations and may be re-disclosed by the person or entity that receives the Materials and information.

Signature of Patient

Date

Signature of Witness

Date