

Plastic Surgery Center

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PATIENT PHOTOGRAPHIC AUTHORIZATION AND RELEASE

Patient:

Date:

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I understand that photographs are a necessary part of my medical record. Such photographs, slides, or videotapes may be published by James M. McDonough, MD, in any print, visual, or electronic media including, but not limited to, medical journals and textbooks, scientific presentations and teaching courses, and Internet web sites, for the purpose of informing the medical profession or the general public about plastic surgery methods. I understand that such uses may also include marketing on behalf of James M. McDonough, MD, for which he may receive direct or indirect remuneration.

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(Please initial in the boxed marked Yes or No for each item)

Yes	No	Medium
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		In office seminars for prospective patients.
		On our website for prospective patients.
		In print advertisements.
		In the office photo album for prospective patients.

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- I understand that a revocation is not effective to the extent that my physician has already disclosed the health information.
- I understand that information released by this authorization may be disclosed by the recipient and may no longer be protected by federal and state law.

Patient Signature

Date