

INTEGRATED DERMATOLOGY

CONSENT FOR PHOTO AND VIDEO UTILIZATION

Our practice often utilizes before and after photos or videos taken of medical and/or cosmetic procedures and treatments for internal and commercial uses. Please be aware that patients will not be compensated for the use of any image(s) for which they have given permission to Integrated Dermatology of Ponchatoula, LLC, doing business as Benson Dermatology, QnA Cosmetic Surgery, and QnA Medical Spa, (collectively, “Integrated”) to use for marketing purposes. Patient’s identities may be concealed by obstructing areas of the face and/or body.

You have the option to decline this request and are not obligated in any way to provide permission to use these photos or videos except for the sole purpose of documentation in your own medical record.

Please initial one:

_____ A. I **DO** give permission for my photographs and/or videos to be used in advertisements created for the sole use of Integrated. This may include print, email or web based advertisements on Integrated’s website and/or social media accounts to show before and after results. Integrated may also use the photographs and/or videos taken for education and training purposes.

_____ B. I **DO** give Integrated the right to use the photographs and/or videos taken for in-office education and training purposes only.

-OR-

_____ C. I **DO NOT** give permission to use the photographs and/or videos taken for any purposes outside of documentation in my own medical record.

If you chose Option A or B above, you agree that you:

- Waive any claim, cause of actions, damages or loss (including attorney’s fees) that you may have against Integrated or its officers, employees, agents, and affiliates arising out of its use of the photos and/or videos to promote its advertising efforts.
- Waive any right to inspect the photographs, videos or any advertising or promotional copy that may be used in connection therewith.
- Assign to Integrated any and all rights, title and interest in and to any photographs or videos taken of you for the purposes above, including but not limited to the copyright and in any renewals and extensions thereof that may be secured under the law now or in the future in the United States or any other country or countries.
- Allow the rights granted herein to be exercised by Integrated at any time hereafter for perpetuity, without limitation.

I have read, fully understand and intend to be legally bound by the terms of this release form:

Patient Name:

Date:

Parent/Guardian (if patient is a minor):

Date: