

PHOTOGRAPHIC AUTHORIZATION AND RELEASE

I, _____, authorize The Naderi Center for Cosmetic Surgery & Skin Care, PLLC, Shervin Naderi, MD, FACS, and/or his representative(s), to take photographs, slides or videotapes of me or parts of my body for medical purposes to be used for my care, medical presentations, marketing, literature, case presentation. These photographs will **not** be sold by The Naderi Center or used for other purposes by The Naderi Center. I authorize the use of these images, without compensation to me. I understand that photography is an integral part of cosmetic surgery and important for patient care. **I understand that no surgery or procedure may be done unless I consent to photography**; This is to be able to review before and after results of the surgery or procedure for comparison.

I understand that:

1. Such photographs, slides or videotapes may be published by Dr. Naderi and/or The Naderi Center for Cosmetic Surgery & Skin Care, PLLC 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 Dr. Naderi, for which Dr. Naderi may receive direct or indirect remuneration.
1. **I will not be identified by name in any of the media described above**; however, I also understand that in some circumstances the photographs, slides, or videotapes may display features that identify me.
2. **I CAN CHOOSE TO HAVE MY EYES BLOCKED OR SHADED**: Please check here
3. **I CAN CHOOSE TO ONLY HAVE MY NOSE, LIPS, or NECK VISIBLE**: Please check here
4. **I CAN CHOOSE TO ONLY HAVE MY PICTURE TAKEN FOR IMAGING PURPOSES**: Please check here
5. I have the right to revoke this authorization in writing at any time and, if I decide to do so, I must present my written revocation to The Naderi Center. A revocation shall not affect any release of information made prior to revocation in reliance upon this Authorization. If I do not revoke this authorization, it shall not expire.
6. I may refuse to sign this authorization without such refusal affecting the medical treatment I receive from Dr. Naderi and/or The Naderi Center for Cosmetic Surgery & Skin Care, PLLC.
7. The information disclosed under this Authorization, or some portion thereof, is protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by applicable federal and/or state confidentiality rules.
8. A copy of this Authorization is valid as the original. I have received a copy of this Authorization. I may inspect or copy information to be used or disclosed under this authorization, as provided by federal and/or state law.
9. By consenting I agree to discuss any and all of my concerns with The Naderi Center and not discuss my experience on the internet.

I release and discharge Dr. Naderi and/or The Naderi Center for Cosmetic Surgery & Skin Care, PLLC from all liability that in any way arises out of:

- any and all rights that I may have or may have had in the photographs, slides or videotapes of me that I have authorized to be used and disclosed in this Authorization; and
- any claim that I may have or may have had relating to such use and disclosure of those photographs, slides or videotapes of me, including any claim for payment in connection with any distribution or publication of them in any medium.

This Authorization is made as a voluntary contribution in the interest of public education and I certify that I have read this Authorization and Release carefully and fully understand its terms.

If I have questions about the use or disclosure of my photographs, slides, or videotapes, I can contact **The Naderi Center** at (703) 481-0002 or 301-222-2020. If under 18, guardian or parent must sign.

Print Name _____

Date _____

Signature _____

Witness _____