

**SOMERSET PLASTIC SURGERY
AUTHORIZATION FOR RELEASE OF
MEDICAL PHOTOGRAPHS/SLIDES/AND/OR/VIDEOTAPES**

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Please Check Physician

INSTRUCTIONS

This is a consent document that has been prepared to help inform you concerning permission to take photographs, slides, and/or videotapes and to allow use of these images as defined within this consent document.

It is important that you read this information carefully and completely. After reviewing, please sign the consent below. If you have questions regarding this consent, please discuss them with your doctor's office.

INTRODUCTION

Medical photographs/slides and videotapes may be taken before, during, or after a surgical procedure or treatment.

1. CONSENT TO TAKE PHOTOGRAPHS/SLIDES AND/OR VIDEOTAPES.

I hereby authorize Dr. Busuito and/or his associates to take preoperative, intra-operative, and postoperative photographs, slides and/or videotapes.

2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES AND/OR VIDEOTAPES.

I hereby authorize Dr. Busuito and/or his associates to use preoperative, intraoperative, and postoperative photographs, slides, and/or videotapes for professional medical purposes. These may include, but are not limited to showing these images for purposes of insurance, medical education, patient education, lay publication, lectures to medical or lay groups, public or commercial television and electronic digital networks.

I hereby release all involved parties from all legal responsibility or liability that may arise from the taking or use of these images.

I understand that I will not be entitled to monetary payment or another consideration as a result of any use of these images.

Date: _____

Patient/Guardian Signature: _____

\ (Relationship to patient if minor or otherwise unable to sign) _____

Witness: _____
Name