

Plastic Surgeons of Akron Patient Photography Process Form

330.443.0221 • www.plasticsurgeonsofakron.com

File number _____
Name _____ ☐ Male ☐ Female Age _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone 1 _____ Phone 2 _____ Email _____

Procedures

☐ Abdominoplasty (Tummy Tuck) ☐ Blepharoplasty (Eyelid) ☐ Brachioplasty ☐ Augmentation Mammoplasty (Breast Enlargement)
☐ Breast Reduction ☐ Brow Lift ☐ Dermabrasion (chemical peel) ☐ Cheek implants ☐ Chin Implant ☐ Gynecomastia
☐ Lip Augmentation ☐ Liposuction ☐ Mastoaugmentation ☐ Mastopexy (Breast Lift) ☐ Otoplasty (ears) ☐ Post-Bariatric
(Circumferential Body Lift) ☐ Post-Mastectomy Reconstruction ☐ Rhinoplasty (Nose) ☐ Rhytidectomy (Facelift) ☐ Skin (injectables)
☐ Submentalplasty (Neck Lift) ☐ Other (describe) _____

Physician: John C. Pedersen, M.D.

Additional Staff: _____

Physician notes and instruction:

Please read the following or ask for assistance.

Plastic Surgeons of Akron Photography Policy and Usage Rights

Photographing patients helps ensure the success of a procedure by presenting the physician with a pictorial record for analysis, enabling procedure recommendations, and post-procedure comparisons. Photographic records are held privately under the Patient Rights and Privacy Act and are not available for non-clinical use without the express consent of the patient. Sometimes Plastic Surgeons of Akron uses *before and after* photos in instructional presentations. This may include a publicly viewed web site. Plastic Surgeons of Akron will only use photos for non-clinical public demonstration if the signed permission agreement of the patient has been obtained.

A patient's photographic record remains the joint property of the patient and Plastic Surgeons of Akron. The patient may revoke permission for using their photographs in a public demonstration at any time. At the expressed request of the patient, Plastic Surgeons of Akron, will make every effort to remove the patient's photographs from every public forum and web site. This agreement does not negate or supersede additional civil rights that may be granted to, or held by the patient, or Plastic Surgeons of Akron.

Photography release options. Please indicate below.

☐ I have read and understand Plastic Surgeons of Akron Photography Policy and Usage Rights.

I grant Plastic Surgeons of Akron permission to use photographs from my patient procedure for:

(select one or both) ☐ Clinical use to show prospective patients ☐ Marketing

Patient's signature _____ Date _____