



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

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Benedetti Cosmetic Surgery, P.A. Release and Consent to Photograph and Publish

Patient Name:

DOB:

The undersigned hereby authorizes Benedetti Cosmetic Surgery, P.A. ("BCS") to photograph (print patient name) while under the care of Benedetti Cosmetic Surgery, P.A..

Scope of Consent. The undersigned agrees that BCS may use and permit others persons to use the photograph(s) for any and all purposes including, but not limited, to art, advertising, promotional, educational and medical office books, scientific presentations and teaching courses and in all media, including electronic, digital and print media and further consent to the release by BCS to the American Society for Aesthetic Plastic Surgery, Inc. ("ASAPS") of such photographs, videotapes or case histories for the purpose of informing the medical profession or the general public about plastic surgery methods.

I consent that these distributions may be accomplished in any manner and that such use is subject only to the following limitations:

Neither I, nor any member of my family, will be identified by name in any publication. I understand that in some circumstances the photographs may portray features that shall make my identity recognizable.

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it will have no effect on any actions taken prior to my revocation. If I do not revoke this authorization, it will expire twenty (20) years from the date written below.

I understand that the information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). I further understand that, because ASAPS is not receiving the information in the capacity of a health care provider or health plan covered by HIPAA, the information described above may no longer be protected by HIPAA and may be redisclosed by ASAPS.

Patient Name:

DOB:

I release and discharge BCS, ASAPS, and all parties acting under their license and authority from all rights that I may have in the photographs, videotapes or case histories and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of these materials in any medium.

I am over 18, and I am authorized to sign this release and consent on behalf of myself and the other persons (if any) listed below (please print):

Name:

Signature

Date