AUTHORIZATION & RELEASE

PHOTOGRAPHY, VIDEO & MEDIA CONSENT

I, _____ , authorize Dr. Henry D. Sandel, Dr. Claire S. Duggal, and/or the Sandel Duggal Center for Plastic Surgery & Medspa — its providers and representatives — to take photographs, slides, or videos of me or parts of my body for the procedure(s) noted below and for medical purposes related to my care, medical presentations, and/or articles.

In addition, I authorize the use of these images, without compensation to me, for the following purposes (please check all that apply):

- ☐ In-office photo album for prospective patients
- ☐ In-office seminars for prospective patients
- ☐ On our website for prospective patients
- ☐ Print advertisements & email marketing
- ☐ Television
- ☐ Social media campaigns & advertisements

I authorize the use of my photos, videos, and images for any procedures performed at our center, including the West Annapolis Medical Spa (WAMS), unless otherwise noted below:

_____

_____

I UNDERSTAND THAT

- These photographs, slides, or videos may be published by the physician(s) and/or the Practice in any print, visual, or electronic media — including medical journals and textbooks, scientific presentations and teaching courses, and internet websites — to inform the medical profession or the general public about plastic surgery methods. Such uses may also include marketing on behalf of Dr. Sandel and/or Dr. Duggal, for which they may receive direct or indirect remuneration.
- I will not be identified by name in any of the media described above; however, in some circumstances the images may display features that identify me.
- I have the right to revoke this authorization in writing at any time by presenting a written revocation to the Practice at 104 Ridgely Ave, Suite 201, Annapolis, MD 21401. A revocation will not affect any release of information made before it in reliance on this authorization. This consent is effective for as long as I am a patient of the physician(s) or the Practice.
- I may refuse to sign this authorization, and my refusal will not affect the medical treatment I receive from Dr. Sandel, Dr. Duggal, and/or the Practice's providers.
- The information disclosed under this authorization may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure carries the potential for unauthorized re-disclosure, after which the information may no longer be protected by applicable federal and/or state confidentiality rules.
- A copy of this authorization is as valid as the original. I have received a copy, and I may inspect or copy information used or disclosed under this authorization as provided by federal and/or state law.

Patient Initials: _____

RELEASE & DISCHARGE OF LIABILITY

I release and discharge Dr. Henry Sandel, Dr. Claire Duggal, and/or the Sandel Duggal Center for Plastic Surgery & Medspa from all liability, including liability for negligence, that in any way arises out of:

- Any and all rights I may have had in the photographs, slides, or videos of me that I have authorized to be used and disclosed in this authorization.
- Any unauthorized use or theft of the images.
- Any claims I may have or may have had relating to such use and disclosure of those photographs, slides, or videos, including any claim for payment in connection with their distribution or publication in any medium.

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

> Questions about the use or disclosure of your photographs, slides, or videos? Please contact the Sandel Duggal Center for Plastic Surgery & Medspa at **(410) 266-7120**.

SIGNATURES

Patient signature _____ Date _____

Witness signature _____ Date _____

IF THE PATIENT IS UNDER 18

Patient name _____ Date _____

Parent / legal guardian _____ Signature _____