Precision
Vascular & Interventional

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Dallas, Texas 75251
ph (214) 382-3200
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www.precisionvir.com

CONSENT FOR PUBLICATION OF PHOTOGRAPHS, VIDEOTAPE, AND/OR COMPUTER IMAGES

Patient Name (please print):_____ DOB: _____

Requested by Dr. _____

I, the above patient, hereby consent that photographs, videotape, and/or computer imaging may be taken of me or parts of my body under the following conditions.

Pre- and Post-operative photographs will be taken of my treatment for record purposes. These photographs shall be taken by my physician or a photographer approved by my physician. I understand that these photographs will be the property of the attending physician and inspiring physicians.

The aforementioned photographs and/or videotape shall be used for medical records, research, education, or science purposes by my physician and/or inspiring physicians. Photographs and information relating to my case may be published and republished, either separately or in connection with each other, in professional journals, medical books, and doctor or patient presentation materials, or used for any other purpose that may be deemed proper in the interest of medical education, knowledge, or research, provided that in any such publication or use, my name and identity is kept confidential and protected. The aforementioned photographs may be retouched at the discretion of my physician and/or inspiring physicians, in any way deemed desirable by such.

I understand that all computer imaging viewed is only a representation of the result that could be achieved through this procedure and that imaging is used as an educational tool to benefit the patient without guarantee of any result.

I have had the opportunity to discuss this consent with my surgeon and agree that all of my questions have been answered. This authorization is granted in furtherance of medical education and other good and valuable consideration and as a voluntary contribution. I, hereby, waive all rights I might have to photographs, videotape, and computer images and do hereby release, discharge, and save harmless _____, inspiring physicians and their employees and agents from all claims and liabilities whatsoever in law and in equity arising from such use.

I HAVE READ AND FULLY UNDERSTAND AND CONSENT TO THE ABOVE ITEMS.

_____ _____
Patient Signature Date

_____ _____
Witness Signature Date

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PHOTOGRAPHIC RELEASE AND CONSENT

FOR

_____
(Name)

Please check **EACH ONE** and **INITIAL** that you agree to:

[ ] I authorize PVIR to use *my photographs, video tapes and case information* **for medical documentation.**
Mandatory Release_____ Initials_____

[ ] I authorize PVIR to use *my photographs, video tapes, and case information* **for medical consultation and release to my insurance company if necessary.**
Optional but highly recommended_____ Initials_____

[ ] I authorize PVIR to use *my photographs, video tapes, and case information* in **educational and scientific settings**, including lectures and multimedia presentations for an audience of medical professionals, at which members of the press may be present and medical, surgical, and scientific journal articles.
Optional Release_____ Initials_____

[ ] I authorize PVIR to use *my photographs, video tapes, and case information* in **commercial/educational settings,** including my surgeon's office, patient education materials, and file of pre- and post-operative patient photographs available to prospective patients for viewing at office.
Optional Release_____ Initials _____

[ ] I authorize PVIR to use *my photographs, video tapes, and case information* **(without identification except views of the face)** in **commercial and educational settings,** including: lectures and multimedia presentations, newspaper and magazine articles, my surgeon's website and social media, radio & television programs, given by my surgeon for the general public.
Optional Release_____ Initials_____

[ ] I authorize PVIR to use *my name* in **commercial settings,** including: lectures and multimedia presentations, newspaper and magazine articles, my surgeon's website and social media sites, radio & television programs, given by my surgeon for the general public.

_____ _____
Patient Signature Date

_____ _____
Witness Signature Date

Initial when copy is given to patient: _____
Initial when copy is placed in chart: _____