The Plastic & Cosmetic Center and SpaBlack by Dr. Thomas Jeneby

PATIENT PHOTOGRAPH & VIDEO AUTHORIZATION AND RELEASE

I authorize Dr. Jeneby and his representative(s) to take photographs, slides and/or video recordings of me and/or parts of my body for the following:

YES	NO	MEDIUM
		In the **office photo album** for prospective patients
		In **office seminars** for prospective patients
		On our **website(s)** for prospective patients
		In **print** advertisements/marketing
		On **television**
		On **social media** websites/apps (ex: Facebook, Instagram, Twitter and Snapchat)
		In **office chart only**

I understand that:

1. Such images and/or video recordings may be used without compensation to me

2. Such images and/or video recordings may be published by Dr. Jeneby and his representative(s) in any print, visual and/or electronic media including, but not limited to, medical journals and textbooks, scientific presentations and teaching courses, and internet websites and/or media apps, for the purpose of informing the medical profession or the general public about plastic surgery methods.

3. Such uses of these images and/or video recordings may also include marketing on behalf of Dr. Jeneby, for which Dr. Jeneby may receive direct or indirect remuneration.

4. I will not be identified by name in any of the media described above; however, I also understand that in some circumstances the images or video recordings may display features that identify me.

5. I have the right to revoke this authorization in writing at any time and if I decide to do so I must present my written revocation to **Amanda Medrano** at 7272 Wurzbach Rd, Unit 801 San Antonio, TX 78240. A revocation shall not affect any release of information made prior to revocation in reliance upon this Authorization.

6. I may refuse to sign this authorization without such refusal affecting the medical treatment I receive from Dr. Jeneby. **Dr. Jeneby will not be able to operate on you for cosmetic or reconstructive purposes without a photograph of the area.**

7. The information disclosed under this Authorization, or some portion thereof, is protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by applicable federal and/or state confidentiality rules.

8. A copy of this Authorization is valid as the original. I may inspect or copy information to be used or disclosed under this authorization, as provided by federal and/or state law.

I release and discharge Dr. Jeneby and his representative(s) from all liability, including liability for negligence that in any way arises.

Printed Name: _____ Date: _____

Signature: _____