

Photo/Video Release Form

I hereby give Mid Ohio Plastic Surgery, LLC, Mid Ohio Aesthetics & Wellness, LLC, and Lauren Thomas, PA-C the right and permission to use my before and after photos, audios, videos, and/or portrait and related textual information such as testimonials, clinical discussions, or treatment information including descriptions.

This protected health information is being used or disclosed for the purpose of education, marketing or as (s)he sees fit for the advancement of aesthetic medicine, clinical research or educational viewing by other aesthetic professionals. I authorize my photos or videos to be posted on social media, such as but not limited to Facebook, Instagram, Tik Tok and the office's website page.

By signing below, I am indicating that I have read and understand the Consent for the Photograph/Video form and I am either the patient or have the authority to give consent for the patient. My questions regarding this consent have been answered.

I understand that images posted online may be saved. They may be available forever. They may be found in online searches. I realize that people may repost my images without my provider's consent. This may be used in social media. Neither I nor my provider have any control over this. I agree that my provider is not responsible for third-party use. I release my provider from any claim that might arise from this use.

I have fully read and understand the above terms. I have made my decision carefully and understand the risks.

Initial the Following:

_____ Yes, you may use my photos and/or videos

_____ No, you may not use my photos and/or videos

Name of Patient or Parent/Guardian (Please Print)

Patient or Parent/Guardian (Signature)

Date