



PHOTOGRAPHIC RELEASE AND CONSENT

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\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I fully and specifically grant my permission for the use of photographs, videotapes or case information for the following additional purposes as indicated by my initials below. As a result of this use I understand that these photographs, videotapes or case information may appear in other related, updated or reprinted formats at any concurrent or future occasion. I understand that such consent is strictly on a voluntary basis. I understand a copy of this consent may be supplied with the images to any third party wherein they may be published or presented. I understand that some photographs may, by their representation make me identifiable in appearance to others. I authorize Moises Salama M.D. to use my photographs, videotapes, and case information in the following educational, promotional, and scientific settings that I have initialed. In addition, I automatically grant and I represent and warrant that I have the right to grant, to Elite Plastic Surgery and its affiliates, an irrevocable, perpetual, sub-licensable, non-exclusive, transferable, royalty-free, worldwide license to use such content for any purpose in any media, including promotions, to prepare derivative works of, or incorporate into other works, such content, and to grant and authorize sub-licenses of the foregoing.

\_\_\_\_\_ My surgeon's web site or web page: www.epsmiami.com, or any microsite or social media channel ("Elite Plastic Surgery Properties") owned, operated or controlled by Dr. Moises Salama or Elite Plastic Surgery ("EPSMiami" or "we"), including but not limited to Instagram, Facebook, Twitter, Google+, LinkedIn, Pinterest, YouTube, Snapchat.

\_\_\_\_\_ My surgeon's office patient education materials.

\_\_\_\_\_ Any media outlet (TV, print and online) in which my surgeon participates including, but not limited to, newspapers, magazines, blogs, and influencer platforms.

\_\_\_\_\_ My surgeon's file of pre and postoperative patient photographs available to prospective patients for viewing in the office.

\_\_\_\_\_ Lectures and multimedia presentations given by my surgeon for the general public.

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\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

\_\_\_\_\_  
Relationship of Personal Representative to the Patient

\_\_\_\_\_  
Signature of Practice Representative and Witness