

Photo and Social Media Consent

I, _____, permit Erick G. Martell, M.D. ("my surgeon") or his designee to take photos and/or videos before, during, and after my surgery. These may be of me or parts of my body ("my images"). I understand that my face will not be visible in order to preserve my identity. I agree that my surgeon can share them with staff, other health professionals, and prospective patients. This may be done for educational or marketing purposes. I understand that images posted online or social media posts may be saved by the public. Neither I nor my surgeon have any control over this and I agree that my surgeon is not responsible for third-party use.

I agree that my surgeon can use my images in the following context:

Please select ONE of the following

- ☐ ALL MEDIA: My images and medical details may be used in print and broadcast media. This includes newspapers, pamphlets, educational films, the internet (including social media and applications), and website.
    - ☐ I consent to having my images altered in order to obscure any tattoos or identifiable body markings.
      -or-
    - ☐ I consent to having my images unaltered that may contain tattoos or identifiable body markings.
- ☐ ALBUM ONLY: My images and medical details may be used in printed and/or digital photograph albums. The albums will only be used to show other patients my surgeon's methods.

I agree to the educational use of my images. I have fully read and understand the above terms.

Patient Name: _____DOB: _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Witness Print: _____