



Authorization of NW Face and Body to Use of Patient Image or Video

I, _____, hereby authorize NW Face and Body it’s employees, officers, owners, and their affiliates, agents, successors, assigns, and designees (“NW Face”), to take photographs, images, videos, and/or other media of my image and/or likeness, as wells as testimonial statements by me, including voice, sound effects, interview, and performance on film, tape, or other electronic medium (“likeness”), for the following purposes, uses, and disclosures:

- _____ Marketing, social media use (initial acceptance)
- _____ Consultation photo albums (initial acceptance)
- _____ Other _____ (initial acceptance)

Such uses and discloses may be made to the general public, through NW Face’s publicly accessible website and/or Social Media accounts. If you authorize the use and or disclosure of your likeness, image, or video as identified herein, NW Face may conduct limited edits of your likeness to do one or more of the following: resize image, adjust lighting, crop image, rotate image, animate, blur, or removing protected health information (such as identifiable tattoos, scars, etc.).

If you authorize NW Face to use or disclose your likeness, you understand that your likeness may be re-disclosed by the recipient and not longer protected by HIPAA or the Privacy Rule.

It is absolutely your choice to authorize NW Face to use or disclose your likeness, and you should feel no obligation whatsoever to do so. Treatment, payment, enrollment, or eligibility for benefits is not and will not be conditioned on signing this authorization for the use or disclosure of your likeness.

Important: if you receive treatment at NW Face, regardless of whether you authorize NW Face to utilize your likeness for marketing, social media use, and/or consultation photo albums, NW Face may take and retain before and after photographs, in part to make treatment decisions that will then become part of your medical file.

You may revoke this authorization in writing at any time, by sending a written request to contactus@nwface.com. Please note that any materials that have already been published or redisclosed pursuant to an Authorization may no longer be protected by law.

This Authorization form Expires one year from the Date of Signature, below.

Acknowledged and Agreed to By Patient or Legal Guardian (Specify if Applicable)

Signature: _____
 Print Name: _____
 Date: _____