

JAY W. CALVERT, M.D., F.A.C.S.

Certified by the American Board of Plastic Surgery

PHOTOGRAPHIC RELEASE

I HEREBY GIVE PERMISSION to Dr. Jay Calvert and/or his Associate(s) or any assistant they may designate, to take photographs of me or my body parts in connection with the plastic surgery procedure(s) to be performed by Dr. Jay Calvert and/or for diagnostic purposes. I agree that these photographs will remain their property and a part of my permanent medical record.

I PROVIDE THIS AUTHORIZATION as a voluntary contribution in the interests of patient education. I understand that such photographs shall become the property of Dr. Jay Calvert and may be retained by Dr. Jay Calvert or released by Dr. Jay Calvert for the limited purpose of including them in any print, visual or electronic media, specifically including, but not limited to publication in medical journals and textbooks, physician photo books, physician website or for the purpose of informing the medical profession, the general public, or a patient about plastic surgery procedures and methods.

I FURTHER AUTHORIZE them to use such photographs for teaching purposes. It is specifically understood that I shall not be identified by name. I understand that in some circumstances the photographs may portray features that will make my identity recognizable, even in instances where every effort is made to conceal my identity.

I understand that the information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”).

I release and discharge Dr. Jay Calvert and all parties acting under his license and authority from all rights that I may have to the photographs and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of the photographs.

I certify that I have read the above authorization and release, and fully understand the terms.

Patient Printed Name _____

Patient Signature _____

Witness Signature _____

Date _____