THE KROCHMAL CENTER
FOR PLASTIC SURGERY

Photographic Consent Form

Patient Name _____ Parent or Legal Guardian (if applicable) _____

I understand that Plastic Surgery is a "visual" specialty, and that medical photography is an integral part of my patient record. I understand that the photographs and videos taken of me are to remain in my medical record unless specified by me in writing.

I also understand the importance of photographs, images, and videos to others. The Krochmal Center for Plastic Surgery and Dr. Daniel J. Krochmal are active in research, educating providers and patients, and promoting the services of The Krochmal Center for Plastic Surgery and Dr. Daniel J. Krochmal. Photographs and/or videos may be included in seminars and presentations, professional and consumer publications (print or electronic), websites, marketing and informational brochures, during patient consultations to demonstrate treatment outcomes, and advertisements.

I understand that if my images are to be used outside of my medical record, my name and identity (demographic information) will be protected and not shared with any third party that doesn't have a confidentiality agreement with the practice. I also understand that certain identifying information may be present in my images (tattoos, birthmarks, and other distinguishing features), so I may still be recognized even if my name and identity are not explicitly divulged.

I understand that if I give consent for The Krochmal Center for Plastic Surgery and Dr. Daniel J. Krochmal to use my images outside of my medical record, I may withdraw my consent at any time. Any consent given shall continue until such time as it is revoked in writing. The Krochmal Center for Plastic Surgery and Dr. Daniel J. Krochmal will make a good-faith effort to remove my images from the relevant sources, however in certain cases this may not be possible (e.g. presentations that have been filmed, magazine and journals that have been distributed, social media, etc).

I understand that by consenting to have my images used outside of my medical record, I waive all rights to claims of payment and royalties in connection to those images.

The Krochmal Center for Plastic Surgery and Dr. Daniel J. Krochmal may use my pictures and videos for (please select from the following options):

□ Professional Education (e.g. seminars, presentations, research publications)

□ Patient Education (e.g. presentations, during consultations)

□ Advertising (e.g. practice website, third party website such as RealSelf, magazines, brochures)

□ Social media (e.g. Facebook, Instagram)

□ When showing my images, please obscure (circle) tattoos birthmarks eyes other _____

Or

□ I do not give consent for The Krochmal Center for Plastic Surgery or Dr. Daniel J. Krochmal to use my images outside of my medical record

Procedures covered by consent: _____

_____ _____
Signature Date

email: lookinggood@krochmalplasticsurgery.com phone: 312.847.1230 fax: 312.753.3161