



Dr. Steven C Spencer  
Michelle Osborne-Spencer, PA  
Amanda C Smith, PA-C  
Lindsey Marshall, PA-C

**Authorization to Release and Disclose Photographs**

I, \_\_\_\_\_ (Print Name) voluntarily consent to the copyright, publications and use of my pictures and likeness by About Face and Body at Kelliwood Family Practice, PA affiliates successors, and assignees.

By signing this form, I am allowing About Face & Body at Kelliwood Family Practice, or "AFB @ KFP", affiliates, successors, and assignees to disclose photographs taken of me before, during, and after treatment of the procedure.

(Please initial either yes or no on each line)

For research educational informational purposes:	Yes _____	No _____
For publications in a medical journal and/or textbook:	Yes _____	No _____
For general advertising, publicity, promotional purposes:	Yes _____	No _____
For general advertising, publicity, promotional purposes used only with censored black bar over face/eyes:	Yes _____	No _____
For personal in office viewing only:	Yes _____	No _____

I hereby release AFB @ KFP from any claim demand, cause, action, or proceeding of whatever nature arising out of publication and distribution of the said photographs in accordance with the terms of this release. This release also includes affiliates, successors and assignees of AFB @ KFP. I also understand that I can revoke or take away my permission to allow AFB @ KFP to disclose photographs of me at any time by sending a letter to AFB @ KFP stating not to disclose photographs of me to affiliates, successors, or assignees of AFB @ KFP. If I send a letter stating that I revoke my authorization, AFB @ KFP will not disclose any further photographs of me after the receipt of the letter; however AFB @ KFP will not get back any photographs disclosed prior to the revocation of my authorization.

I understand that once my photographs have been disclosed to AFB @ KFP, affiliates, successors, and assignees the photographs will no longer be protected by federal privacy laws, however, AFB @ KFP, affiliates, successors, and assignees will not use the photographs excepts as permitted on this authorization form. I understand that I will be given a signed copy of this form.

I hereby release AFB @ KFP, its affiliates, successors, and assignees, from any claim demand, cause, action, or proceeding of whatever nature arising out of publication and distribution of the said photographs in accordance with the terms of this authorization.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date