

MURPHY PLASTIC SURGERY
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**WEBSITE AND PHOTOGRAPHIC
RELEASE AND CONSENT**

James Murphy, M.D., and Murphy Plastic Surgery Office Staff

I authorize my plastic surgeon and his office staff to use my photographs, videotapes and case information and testimonials in educational and scientific settings including lectures, and multimedia presentations for an audience of medical professional, at which members of the press may be present, and medical, surgical and scientific journal articles. In addition, this information could be posted on our website at www.nnpsa.com and www.nevadatattoo removal.com I understand and accept that I may be recognized from my likeness or case history. I authorize the use of my photographs, videos and case information in the following.

- Commercial / educational settings: my surgeon's office patient education material; my surgeon's file of pre and postoperative patient photographs available to prospective patients for viewing in the office; newspaper and magazine articles in which my surgeon's personal web site or web page; and lectures and multi-media presentations given by my surgeon for the general public.
- I also authorize my plastic surgeon's professional association, the not-for-profit American Society for Aesthetic Plastic Surgery, to use my photographs and case information in fulfilling its mission of public education, in any of the following settings: patient education brochures available for purchase; educational video tapes available for purchase; lectures and slide presentations available for purchase; information submitted by the Society to consumer periodicals; magazines and web sites for press or internet publication; television programs about plastic surgery; and case studies presented on the Society's web site at www.surgery.org
- Social Media. I authorize the use of my photographs and videos, taken in the office to be used to market the practice on social media, including but not limited to Instagram, Facebook, Snap Chat, and Twitter.
- This authorization expires only when the Patient informs the practice that he or she is no longer a patient of the practice, or would like that their pictures not be used.
- This authorization is voluntary. I have not received compensation for use of my photos or videos.

Please check one:

I authorize the use of my photos

I decline the use of my photos

Patient Signature/Date

Witness Signature/Date

Print Name

Print Name

Signature of Parent/Guardian

Printed Name of Parent or Guardian