



Photography Consent

I authorize my surgeon, **David M. Plank, M.D., PhD**, or his care provider(s) as employees of Mid Florida Dermatology and Plastic Surgery, P.A. and Mid Florida Institute of Plastic Surgery to take and reproduce photos, regardless of medium, including but not limited to digital images, photographs, film or digital recordings (i.e. social media) of me before, during and after my surgery, procedure or treatment, whether at an outpatient surgical facility or in the office, at my physician's discretion, for use in association of my treatment, documentation for my medical record, scientific research, educational purposes or for quality review.

I understand that if any photos or recordings of me or my surgery, procedure or treatment will be utilized outside of Mid Florida Dermatology and Plastic Surgery, P.A. and Mid Florida Institute of Plastic Surgery for any purpose, Mid Florida Dermatology and Plastic Surgery, P.A. and Mid Florida Institute of Plastic Surgery will remove any information or distort/cover portions of images that could potentially disclose my identity on said images in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").

However, if any photos or recordings taken of me before, during and/or after my surgery, procedure or treatment will be utilized outside of Mid Florida Dermatology and Plastic Surgery, P.A. and Mid Florida Institute of Plastic Surgery for any purpose that could or would identify me, i.e. for use on social media platforms, Mid Florida Dermatology and Plastic Surgery, P.A. and Mid Florida Institute of Plastic Surgery will provide me with a separate model release consent form to sign in accordance with HIPAA.

Patient's Printed Name

Patient's Signature

Date

Witness Signature