



Eric A. Cole, MD, FACS
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CONSENT FOR MEDICAL PHOTOGRAPHS

During your office visit today, a Cole Aesthetic Center staff member designated by Eric A. Cole, MD, FACS (Medical Director) will be taking photographs of you for your medical record. We will photograph you throughout the course of your treatment(s) in order to demonstrate your specific condition or disorder, subsequent therapy, including surgical procedures when sedated or anesthetized, and the results of such therapy. All photographs will be treated as confidential except as authorized by you in writing, and are the sole property of Cole Aesthetic Center and may be disposed of at any time.

I give my consent to Cole Aesthetic Center, or any person designated by Eric A. Cole, MD, FACS (Medical Director) to use photographs of me for the purpose(s) indicated by my initials below. I understand that this authorization is valid for all pictures taken during the course of my treatment(s). If at any time I wish to revoke this authorization I agree to notify Cole Aesthetic Center in writing of my wishes.

Please initial all that apply:

- I consent for Cole Aesthetic Center to use my photos for scientific research papers, publications in medical journals, medical and paramedical personnel trainings, and membership requirements for medical societies and certification boards.
I consent for Cole Aesthetic Center to use my photos for promotional purposes (i.e. practice brochures, website, newsletters and external advertisements). I understand that at no time will my personal information and/or name be used.
I understand that I waive all rights of publicity and release Cole Aesthetic Center and it's employed or contract photographers from liability with respect to reputable uses of my said photographic image and verbal testimonials for promotional purposes.

PATIENT SIGNATURE DATE

WITNESS TO PATIENT SIGNATURE ONLY

Patient Name Date of Birth