



## Informed Media Consent

I give permission to Nalini G Prasad, MD and/or Laser Esthetica to take or produce photographs, video and film. These will be used in my chart as documentation of progress that occurs with my treatments.

A full face photo may also be attached to the computer software for recognition by the staff to be able to better communicate with me.

I also give permission to Laser Esthetica and staff to allow my photographs to be used for teaching purposes for other patients. This may allow printing in Laser Esthetica photo albums, for lectures or on their website. At no time will my name be attached to these photos and my identity will always be hidden by "blacking out the eyes".

I understand by giving this permission that I will help other patients to be able to visualize various treatments. Because the esthetics field is so dependent on being able to see "results", I will be able to help other patients who are enquiring about procedures to know approximately what they can expect.

I understand that at no time will the specifics of my health history, or other specifics about me be discussed as per the HIPPA code. My information will always be treated with respect and regard.

I have had a chance to discuss any concerns with Dr Prasad and her staff.

Patient Name (Please Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_