**PATIENT CONSENT AND RELEASE**

**FOR MEDICAL PHOTOS AND OTHER CONTENT**

By executing this Patient Consent and Release (this “Release”), I hereby grant Renaissance Plastic and Reconstructive Surgery, P.A., its employees, agents, independent contractors, legal representatives, designees, successors and assigns (collectively, “Renaissance”), the absolute right and unrestricted permission to copy, display, publish, perform, protect, distribute, transmit, sell, license and otherwise use (1) any text, statements or other information set forth or described on Exhibit A attached hereto (“Personal Statements”), and (2) all of the photographs, videos, pictures, or other images recorded or otherwise taken of me by Renaissance at any time prior to the date of this Release (collectively, the “Personal Images”). The Personal Statements and Personal Images are collectively referred to below as the “Content.”

I acknowledge and understand the following:

**The Content includes Images of my breasts, genitalia, and other parts of my body**.

The Content may be used in any form of media, whether now known or hereafter devised (including without limitation Internet websites or streaming, portfolios, journals, books, brochures, CDs and presentations).

The Content may be used for purposes of marketing, illustration, publicity, research, education, or any other lawful purpose.

The Content may be edited, cropped or otherwise modified in Renaissance’s sole discretion.

I waive any right to receive any royalties or other compensation arising from or relating to this Release or the use of the Content.

I waive the right to inspect or approve any finished product or other use of the Content.

The Content (and any copyright associated with the Content) is the property of Renaissance and I relinquish any rights that I may have to the Content.

My name and face may only be used if I have initialed below, but I understand that even without my name and face it is possible that someone may recognize me.

My execution of this Release (or failure to do so) will in no way affect my medical care at Renaissance.

This Release and the Content may be assigned by Renaissance.

Except to the extent included in the Content, Renaissance will not, at any time, provide any protected information to the media or to the public, including private health information in my medical records, the confidentiality of which may be protected by federal and state statutes and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

This Release imposes no obligation on Renaissance to use the Content.

I hereby waive, release, and forever discharge Renaissance from and against any and all claims, damages, obligations, losses, or other liability in connection with, related to, or arising from any use of the Content by Renaissance as permitted by this Release, including but not limited to claims for damages or injuries suffered by me, or claims for invasion of privacy, publicity, defamation, copyright infringement, confidentiality, moral rights, or rights to attribution or credits.

I understand that I have the right to revoke this Release at any time by giving Renaissance thirty (30) days prior written notice of my revocation and delivering it to Renaissance at its then-current address (which is currently 4414 Lake Boone Trail, Rex Medical Plaza, Suite 407, Raleigh, NC 27607), to the attention of Keelee MacPhee, MD. However, I understand that revocation of this Release will not affect (a) any display, publication, performance, distribution, transmission, sale, license or other use of the Content which occurred prior to the effective date of my revocation, (b) any inventory of media already printed, recorded, copied or otherwise made in whole or in part prior to the effective date of my revocation (such as preprinted brochures or burned CDs), or (c) any other action that Renaissance has taken in reliance on this Release before receiving my revocation.

By signing below, I hereby acknowledge that I have read this document prior to signing it, I fully understand what it says and means, and I agree to all of its terms. I further acknowledge that I am of legal age and have voluntarily signed this Release. I understand that Renaissance will be relying on this document in connection with its decision to use the Content.

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

 Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Please initial below only if applicable*:

I also consent to the use of my name with the Content: \_\_\_\_\_

I also consent to the use of my head/face with the Content: \_\_\_\_\_\_

EXHIBIT A

PERSONAL STATEMENTS:

*Note:* This Exhibit only lists text, statements, or other information included in this Release. In addition to the above, ALL photographs, videos, pictures, or other images recorded or otherwise taken of me by Renaissance prior to the date of this Release are also included in this Release.