

Aesthetica
Cosmetic and Laser Surgery Center
1342 Chelsea Ave., Rear
Bethlehem, Pa. 18018
Phone: 610-861-9469

Patient Consent for Photography

Patient Name: _____

Date: _____

Check here if you are a minor or unable to provide consent

I consent for photographs to be taken of me or my child (or person for whom I am legal guardian) for purposes of treatment for a condition or overall rejuvenation, I understand that the information will be used in my patient record, for purposes diagnosis, tracking my progress, progression of a condition, rejuvenation, treatment purposes, keeping a visual history, medical teaching and reporting to referring physician. Please keep in mind refusal may limit our ability to track your progress or progression of a condition if we do not have visual documentation. In certain instances, dependent upon the nature of the treatment, we may not be able to continue with treatment without baseline photographs. I understand that I am able to withdraw my consent at any time. However, the withdrawal of consent will not alter retention of photographs taken prior to the withdrawal.

● To withdraw my consent in the future or for questions pertaining to patient rights, I may contact the Business Manager – Sheila Hayes via email at sheila@aclsc.com

By signing below, I confirm that this consent has been explained to me in terms in which I understand.

- 1) I consent for my photographs to be used in patient record as part of my visual patient history for purposes of diagnosis, tracking my progress or progression of a condition and/or treatment, which may be shared with other laser technicians (within the practice) to show how well a device is working and to provide a copy of my medical image(s) to include at a referring physician's office, upon request.

_____ (Signature) _____ (Witness)

- 2) I DO NOT consent to any images to be taken. I understand that refusal to consent to images taken as part of my patient record may limit my provider's ability to effectively track my progress or progression of a condition and given the nature of certain treatments my refusal to allow photographs may prevent me from continuing with the elected treatment

_____ (Signature) _____ (Witness)