Photography & Media Authorization

Clinical photography for care is separate from optional authorization for education or marketing. Declining optional use will not affect care.

CLINICAL PHOTOGRAPHY

- [ ] I authorize photographs or video reasonably necessary for treatment planning, documentation, follow-up, quality review, and the medical record.

OPTIONAL EXTERNAL USE - CHOOSE SEPARATELY

- [ ] I authorize de-identified use for private professional education or peer consultation.
- [ ] I authorize de-identified use in scientific lectures, publications, or professional meetings.
- [ ] I authorize de-identified use on the Labia Cosmetica website and practice-controlled social media.
- [ ] I authorize use in digital or print advertising.
- [ ] I do NOT authorize any external educational, website, social-media, or advertising use.

IDENTITY AND LIMITS

- [ ] Images must not include my face, name, voice, tattoos, or other identifying features unless separately authorized in writing.
- [ ] I understand that once information is published publicly, complete withdrawal or removal from third-party copies may not be possible.
- [ ] I understand that I may revoke future use in writing, but revocation will not affect prior lawful use.

Specific limitations or permitted platforms

SIGNATURE

Printed name

Date

Signature (sign after printing or use an approved e-signature workflow)

By signing, I confirm that I reviewed this form and that the information I provided is accurate to the best of my knowledge.