

# Chameleon Medical Spa

## Photo Consent Form

In order to track our progress, we at Chameleon Medical Spa like to incorporate the use of photos. It helps us to thoroughly see the changes in your body from beginning to end. Photos are to be used for documentation purpose, & if consented as advertisement for the product, and/or service etc.

### CLIENT INFORMATION

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Gender: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

### PLEASE READ & INITIAL THE FOLLOWING:

\_\_\_\_\_ I consent to having "Before" and "After" photographs of my service/procedure.

\_\_\_\_\_ Photographs will be used for the purpose of documentation.  
These photographs **MAY** \_\_\_\_\_ or **MAY NOT** \_\_\_\_\_ be used for advertising purposes.

\_\_\_\_\_ I understand, by signing this form, I am allowing Chameleon Medical Spa & Staff to disclose photographs taken of me before, during, and after treatment.

### SIGN & DATE:

I understand that once my photographs have been disclosed to Chameleon Medical Spa, affiliates, successors and assignees the photographs will no longer be protected by federal privacy laws. However, Chameleon Medical Spa's affiliates, successors, and assignees will not use the photographs except as permitted on this authorization form.

I hereby release Chameleon Medical Spa, its affiliates, successors, and assignees from any claim demand, cause, action, or proceeding of whatever nature arising out of publication and distribution of the said photographs in accordance with the terms of this authorization.

By signing this form, I am allowing Chameleon Medical Spa, affiliates, successors and assignee to disclose photographs taken of me before, during, and after treatment.

\_\_\_\_\_  
**Signature of Client**

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

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

