



DR. MOEIN MOMTAZI

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Plastic and Reconstructive Surgery

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Consent for photography

Patient's Name _____ Date of Birth _____ / _____ / _____
Last First Month / Day / Year

Before and after photographs are important proofs of the success of your operation. Dr. Momtazi only uses these photographs if he has your permission and written consent. Many patients who are contemplating surgery find looking at before and after photographs very useful. For this reason, we would like to have your permission to use these photographs for patient education. Images could involve before and after clinical pictures, photos from your surgery or post-operative pictures such as those found on social media (up to the patient). Dr. Momtazi occasionally uses these photos for lectures or talks on plastic surgery. At other times, he may use them for marketing or advertising. In either case, he will only use them if you have given him permission to do so. Dr. Momtazi fully realizes the sensitive nature of this matter and keeps your identity completely protected at all times.

Photograph consent and release

I hereby grant Dr. Moein Momtazi, plastic and reconstructive surgeon, permission to take photographs of my body before, during and after my surgery. Photographs will be taken by Dr. Momtazi and images will be deidentified to the extent reasonably possible and stored on Dr. Momtazi’s password protected, secure drive within The Ottawa Hospital.

I hereby give my consent for Dr. Moein Momtazi to use the photographs under the following circumstances.

Please initial one of the following:

_____ **All Media:** Photographs taken of me or parts of my body as well as details regarding medical services that I have received by Dr. Moein Momtazi, can be used in any print or broadcast media, including, but not necessarily limited to newspapers, pamphlets, educational films, internet and television, in order to inform the public about plastic surgery methods. Further, I release and discharge Dr. Moein Momtazi, the Canadian Society of Plastic Surgeons and all parties acting under their license and authority, from any and all claims or actions that I have or may have relating to such use and publication and all rights, if any, that I may have in such photographs and details regarding medical services rendered to me, including any claim for payment, in connection with any such use or publication. I give my consent as a voluntary contribution in the interest of public education and my consent is subject only to the condition that I am not identified by name at any time during any use or publication of these materials by any party. Dr. Momtazi will show me the content to be published prior to posting on social media. Dr. Momtazi has explained that I may withdraw my consent to publication at any point in time, however, once posted on social media it may be unable to completely withdraw the images.

_____ **Medical Care Only:** Photographs taken of me or parts of my body can be used solely for the purpose of my medical care with Dr. Moein Momtazi. The photographs and all details regarding medical services rendered to me will be kept confidential within my medical history file.

By signing this form, I acknowledge my consent as initialled above and I further recognize that this consent form will supersede any other photo consent forms with a date prior to the date written below. This consent may be revoked at any time by written request or by completion of a new form.

Patient/Guardian Signature

Date

Witness

Date