



**GARCIA**

↔ FACIAL PLASTIC SURGERY ↔

7807 Baymeadows Road East, Suite 303 Jacksonville, FL 32256

**PHOTOGRAPHY AND QUALITY ASSURANCE CONSENT**

I hereby consent to photographs to be taken of me by Physicians, or employees, of Garcia Facial Plastic Surgery Institute. These photographs may include, but are not limited to, photographs taken both before and after my procedures. These photographs are for the exclusive use of Garcia Facial Plastic Surgery Institute in connections with medical services provided to me. The photographs will not be disseminated to the general public, or used in any way in connection with any advertising or marketing by Garcia Facial Plastic Surgery Institute, without my prior written consent.

From time to time Garcia Facial Plastic Surgery Institute may, for quality assurance purposes, randomly monitor and/or record both audio and or video portions of my encounter with Garcia Facial Plastic Surgery Institute. These may include, but are not limited to, the actual surgical procedures performed by the Physicians of Garcia Facial Plastic Surgery Institute. Any such monitoring is for the sole and exclusive use of the Physicians of Garcia Facial Plastic Surgery as it relates to the quality of patient care and the establishment of protocol and procedures by Garcia Facial Plastic Surgery Institute. In no event shall such monitoring be disseminated to the general public, and shall in all events be completely destroyed within thirty (30) days.

By my signature below, I hereby consent to the above procedure.

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_