

## CONSENT FOR PHOTOGRAPHY AND AUTHORIZATION FOR USE OR DISCLOSURE

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ID/PASSPORT: \_\_\_\_\_

I hereby give my consent for photographs to be taken of me while I receive or provide aesthetic medical treatment of \_\_\_\_\_ at the clinic \_\_\_\_\_ by Dr. \_\_\_\_\_.

The term "photograph" includes video or still images, in digital or any other format, as well as any other means of image recording or reproduction.

I hereby authorize the use or disclosure of the photograph(s) to Laboratorio Innoaesthetics, S.L.U.

### DATA PROCESSING CONTROLLER

Personal data will be processed confidentially and will be included in the corresponding processing activity owned by:

Company name: LABORATORIO INNOAESTHETICS, S.L.U.

Tax ID (CIF): B63976062

Email address: protecciondatos@innoaesthetics.com

Registered address: Carretera de Madrid, Km.261, 49600, Benavente, Zamora.

### PURPOSE

I hereby authorize the use or disclosure of the photograph(s) for the following purposes:

- Clinical documentation and monitoring of my treatment.
- Educational, scientific, or research purposes.
- Publications and presentations at medical congresses.
- Dissemination for communication, marketing, public relations, and media purposes, related to the clinic or to LABORATORIO INNOAESTHETICS, S.L.U.

Furthermore, whenever possible, the images will be processed in such a way that the patient cannot be identified (for example, by avoiding the display of the eyes or other identifiable facial features).

I give my consent for photographs to be taken of me and authorize the use or disclosure of such photograph(s) in order to contribute to the purposes described herein and, hereby, I waive any right to receive compensation for such uses under this authorization. I hereby release and discharge Laboratorio Innoaesthetics, its employees, my physician(s), and any other person involved in my care, as well as their successors and assigns, from any and all liability for any claims for damages or compensation arising from the activities authorized under this agreement.

## **LEGAL BASIS**

The legal basis for the processing of your data is the explicit consent you provide by authorizing and signing this document.

## **DATA CONSERVATION**

This consent shall remain valid unless expressly revoked in writing.

If I decide to withdraw this authorization, no further disclosure of my photograph(s) will be permitted; however, such withdrawal will not have retroactive effect, and I will not be able to request the return of photographs or information already disclosed.

## **DATA DISCLOSURE**

Personal data may be transferred or divulged to third parties, based on the purposes described in this document.

## **PATIENT RIGHTS**

I may request that filming or recording cease at any time.

I may withdraw this authorization up to a reasonable date before the photograph is used, but I must do so in writing and submit it via email. I may refuse to sign this authorization. My refusal will not affect my ability to receive treatment.

I have the right to receive a copy of this authorization.

I understand that I will not receive any form of financial compensation.

The data protection rights you have as a data subject are:

- Right to request access to personal data relating to the data subject

- Right to rectification
- Right to erasure
- Right to object
- Right to request restriction of processing
- Right to data portability

You may exercise your personal data protection rights by sending a written request to LABORATORIO INNOAESTHETICS, S.L.U. at [protecciondatos@innoaesthetics.com](mailto:protecciondatos@innoaesthetics.com), including a copy of your ID card or other equivalent identification document, as well as a formal request using the official form.

## **WITHDRAWAL OF CONSENT**

You have the right to withdraw, at any time, the consent granted for the use of your photographs.

To withdraw your consent, you must send a written request by email to LABORATORIO INNOAESTHETICS, S.L.U. at [protecciondatos@innoaesthetics.com](mailto:protecciondatos@innoaesthetics.com), including a copy of your ID card or other equivalent identification document, as well as a formal request.

Once the request has been received and validated, LABORATORIO INNOAESTHETICS, S.L.U. will cease the use and dissemination of the data subject's photographs in those media and processing activities that can reasonably be discontinued, without prejudice to any processing previously carried out lawfully on the basis of the consent granted.

If you consider that the processing of your personal data does not comply with the applicable regulations, you have the right to lodge a complaint with the competent supervisory authority.

## **SECURITY MEASURES**

LABORATORIO INNOAESTHETICS, S.L.U. has adopted all necessary technical and organizational measures to ensure the security of the personal data provided. The measures taken are appropriate to guarantee the level of security required based on the associated risks.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_