

INFORMED CONSENT FORM: PHOTOGRAPHY

Skin Dermatology utilizes multimedia images for multiple purposes in our practice. This consent establishes guidelines for managing multimedia imaging of patients. For the purpose of this consent, multimedia imaging includes photography, videotaping, and audiotaping. In addition to the clinical photos that may be appropriate for the diagnosis and treatment of medical conditions, we also utilize photos for the following:

- Placed in the medical record as an adjunct to clinical care, displayed to colleagues, students and other audiences in educational settings, and published in medical journals or other media as part of medical research.
- Utilized for demonstration purposes, look books, website/social media, as well as print, video and digital media.

I consent for photographs to be taken of me by Skin Dermatology. By consenting to these medical photographs I understand that I will not receive payment from any party. Although these photographs will be used without identifying information such as my name, I understand that it is possible that someone may recognize me. Refusal to consent to photographs will in no way affect the medical care I will receive. If I wish to withdraw my consent in the future, I may do so with a written request.

I authorize the use of these images for the following:

- External Medical use such as Publications, Journals, Conferences, Seminars, etc.
- Demonstration purposes including an office look book
- On our website or social media platforms for prospective patients
- In print or digital advertisements and/or professional journals

By signing this form below I confirm that this consent form has been explained to me in terms which I understand.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTOOD AND RECEIVED A COPY OF THE ABOVE CONSENT AND THAT I HAVE RECEIVED CLEAR EXPLANATIONS REGARDING THE PROVIDED INFORMATION.

Client*:	Date	
Witness:	Date	

* Parent or legal guardian if patient is under age 18 or unable to authorize consent.







