



CONSENT & RELEASE Form Photography

I, voluntarily consent to the taking of my pictures and likeness by Peninsula Dermatology & Laser Clinic.

This photographic consent pertains to all photographs taken during pre and post procedure with the physician or affiliate of (practice).

My photos may be used for:

For general *educational* purposes including but not limited to medical journal publications/textbooks, lectures/workshops, etc.

For general *advertising* and promotional purposes, including but not limited to publication, website, brochures, cosmetic seminars, etc.

For pre and post treatment albums used for patient education.

- 1.) I consent to the photo consent entirely.
- 2.) I consent only for my photos to be used in my chart.

****This is the exact copy of what you are signing your consent to in your Electronic Medical Record.****