



## PHOTO CONSENT FORM

I hereby give Born Again Obstetrics & Gynecology, and any and all employees and/or agents, the right and permission to use and/or publish photographs of me for medical records and/or promotional purposes including but not limited to advertising and publicity. I also authorize my photos to be posted on social media, such as Facebook, Instagram, and the office's website page. If a photo is to be posted on social media, the patient will be notified beforehand.

### Release of Claims

I hereby release and discharge Born Again Obstetrics & Gynecology and all persons functioning under his/her permissions or authority from any legal or equitable claims from the publication of photographs or any claims based on the production or in the process of recording or publishing the materials.

### Initial the following:

\_\_\_\_\_ Yes, you may use my photos.

\_\_\_\_\_ No, please do not use my photos.

\_\_\_\_\_  
Name of Patient or Parent/Guardian (Please Print)

\_\_\_\_\_  
Patient or Parent/Guardian (Signature)

\_\_\_\_\_  
Date