



Patient Photograph Consent & Release Form

Name: _____ DOB: _____

I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after procedures. The photographs will be taken by one of the members of the O'Donnell Vein and Laser medical staff. I hereby give my consent for O'Donnell Vein and Laser to use any and all photographs under one of the following circumstances:

Please initial one of the following options:

All Media: Photographs taken of me or parts of my body, as well as details regarding services that I have received at O'Donnell Vein and Laser, can be used in any print or broadcast media including but not limited to social media, internet, newspapers and pamphlets. Further, I release and discharge O'Donnell Vein and Laser and all parties acting under their license and authority, from any and all claims or actions that I have or may have relating to such use and publication, and all rights, if any, that I may have in such photographs and details regarding medical services rendered to me, including any claim for payment in connection with any consent is subject only to the condition that I am not identified by name at any time during any use or publication of these materials by any party.

Medical Care Only: Photographs taken of me or parts of my body can be used solely for the purpose of my care at O'Donnell Vein and Laser. The photographs and all details regarding medical services rendered to me will be kept confidential within my personal history file at O'Donnell Vein and Laser.

By signing this form, I acknowledge my consent as initialed above, and I further recognize that this consent form will supersede any other photo consent forms with a date prior to the date written below. This consent may be revoked at any time by written request or by completion of a new form.

Signature: _____ Date: _____