

Monday, October 16, 2023



## Patient Consent for Photography, Video, and/or Audio Recordings

For use in medical records

During my course of treatment at with Dr. Herbst & Staff, my voice, photographs, and/or video may be taken or recorded (collectively "the materials"). I understand that by signing this document, I give permission for Dr. Herbst & Staff to copyright and/or use these materials in my medical records, for marketing or promotional efforts, and/or for educational purposes such as medical teaching or publication in medical textbooks or journals. The materials will not contain my name or any other personal identifying information, but may contain images that would give away my identity to the general public, in addition to scientists and medical professionals or researchers. Refusal to consent to photographs will in no way affect the medical care I receive.

By signing this form below, I confirm that this consent has been explained to me in terms I understand. This consent serves to waive all rights of privacy or compensation which I may have in connection with the use these materials. I will have no claim on ground of breach of confidence or on any ground in any legal system against Dr. Herbst & Staff. At my request, I can have access to view the materials or obtain copies, but I must notify Dr. Herbst & Staff in writing if I no longer wish these materials to be used for the purposes granted by this consent form. I understand that these materials will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law. After which, Dr. Herbst & Staff will not permit the further release of these materials, but will not be able to call back any of the materials or information already released.

### I grant permission for:

- Use in my medical records, including, but not limited to, dissemination to other medical staff or physicians.

Before signing this document, I have considered my decision carefully. I understand that my decision is voluntary and that I am not required to grant the permission described herein. I may withdraw my consent anytime without consequences. In cases where the patient has died or is incapable of giving consent, the next of kin may give consent. If the patient is under the age of 18, a parent or guardian should give consent.

**Signature**

**Date**

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