



CONSENT TO PHOTOGRAPH

It is the policy of **Injury Specialists** to photograph each patient for the purpose of staff identification during treatment. These photographs become a confidential component of the permanent **Injury Specialists** record of the patient. It is my understanding that said photographs, prints of negatives thereof, will not be used without my knowledge or consent.

I, the undersigned, do hereby authorize the above named **Injury Specialists** and the attending physician to photograph or permit another member of the **Injury Specialists** Staff to photograph me while under the care of the above institution.

This permit is for one photograph to be attached to my confidential records.

Patient/Guardian Signature

Date

Witness

Date