



Consent for Photography

Patient Name:

DOB:

I consent to have my (or child or an individual to whom I provide guardianship) image to be taken by the staff at Berger Audiology as described below.

I understand that my (or child or an individual to whom I provide guardianship) photographs, videotapes, digital, and other images may be recorded to document and assist with my care and the payment of my (or child or an individual to whom I provide guardianship) insurance claims. These images may also be used to assist in the education of students. I understand that Berger Audiology will own these images, but that I will be allowed access to view them or to obtain copies of them at a reasonable cost. Other than for treatment, education, and payment purposes, images that identify me (or child or an individual to whom I provide guardianship) will be released and/or used outside the organization only upon written authorization from me or the patient representative.

If the images are to be taken for any purpose other than for treatment, education, or payment purposes, the purpose(s) must be stated:

If you ARE NOT opposed to your picture appearing on the following list of Berger Audiology Office Media Web Sites, do not cross it off of the list.

If you ARE opposed to your picture appearing on any of the following list of Berger Audiology Office Media Web Sites, please CROSS IT OFF the list.

LIST OF BERGER AUDIOLOGY OFFICE and SOCIAL MEDIA WEB SITES:

"Wall of Fame". Office Web Site. Office Social Media Web Sites (i.e. Facebook, Twitter).

I may revoke or withdraw this consent at any time. Such withdrawal of consent must be made in writing. Withdrawal of consent does not affect any information disclosed prior to the written notice of withdrawal.

I release and hold harmless Berger Audiology, its staff and employees from any and all claims or causes of action that I may have of any nature whatsoever, which may in any manner result from the use of the photograph or other image.

Your signature does not mean you are giving permission for your picture to be used. Permission or denial of permission is above in the List of Berger Audiology Media Web Site section. By signing below, you are indicating that you have read and understand the "Consent for Photography" form.

I am either the patient or have the authority to give consent for the patient. My questions regarding this consent have been answered.

Patient / Patient Representative Signature

Date

If Patient Representative, Relationship to Patient

Printed Name