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Affiliated with UCSF School of Medicine
Fresno Medical Education Program

Consent to Photograph

This form is to be used only for photographs taken for treatment or University Centers of Excellence's own health care operations. Photography for other purposes (e.g., research, publication, outside education, marketing, public relations, news or documentary) requires use of another form "Consent to Photograph and Authorize for Use and Disclosure".

The undersigned hereby consents to be photographed while receiving treatment at the office, with the understanding that the images from such photography may be used for my treatment or for the office health care operations such as peer review or medical education, as the office Medical Director and/or my treating physician deems appropriate, and that such use is subject only to the following limitations:

_____

_____

The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

Patient Name: _____

Signature: _____

Date: _____ Time: _____

If signed by someone other than the patient, indicate relationship: _____

Witness:_____