# [Template to discuss with local counsel]: **AUTHORIZATION TO USE PHOTOS / VIDEOS / DIGITAL IMAGES**

**NAME:**

I**,**(patient’s name), hereby authorize [corporate name] and [individual doctor’s name], its successors and assigns, the right to use its photographs / videos and/or digital images of me for the purposes listed below. These photographs / videos and/or digital images were captured on [Date(s)] and include [the content of photographs / videos and/or digital images – such as body parts being represented or video of patient’s experience].

The usage of these photographs, videos and/or digital images will be limited to:

Medical purposes related to case

Scientific purposes, including seminars and medical articles

Digital or printed materials for patients to view in the office(s)

Digital or printed materials to be included in our practice’s newsletter to be sent to current or prospective patients

Digital images to be included in our practice website

Digital images to be uploaded to the broader Internet to be viewed by the public

[Corporate name] and [individual doctor’s name] need not approach me again for authorization to use these photos, videos and/or digital images unless the usage differs from that listed above and this authorization will remain in place indefinitely unless I ask [Corporate name] and [individual doctor’s name] to terminate use of these photos, videos and/or digital images, in writing and communicated to [Corporate name] and [individual doctor’s name]. If I terminate authorization, which I may do at any time, I recognize that it will likely take a reasonable time period to accomplish. For example, to remove such pictures from a web site, [Corporate name] and [individual doctor’s name] will need to coordinate with a third party webmaster.

Termination of prospective use of photos, videos and/or digital images may have no effect on prior distribution- such as the case with medical journals. A published journal, for example, cannot be “recalled”.

Further, please note that once photos, videos and/or digital images are used for any of the authorized purposes above, that information may no longer be protected by HIPAA.

Providing authorization is entirely voluntary and will not affect our commitment to treatment by our practice.

To the extent allowed by law, I hold [Corporate name] and [individual doctor’s name] harmless from any liability related to use of these photos, videos and/or digital images for the purposes outlined above. I further hold [Corporate name] and [individual doctor’s name] harmless for any third party use of these photos unrelated to direct, immediate, and proximate action by [Corporate name] and [individual doctor’s name].

This release and authorization does not conflict with any existing commitments on my part.

I understand that [corporate name] and [individual doctor’s name] are not obligated to make use of its rights set forth herein.

I understand that I do not have any intellectual property rights in or to these images. Copyright to photos, videos and/or digital images is retained by [corporate name] and [individual doctor’s name].

Patient Signature                                                  Date/Time

          Witness Signature                                                      Date

Updated 2016-04-01