



PATIENT PHOTOGRAPHIC AUTHORIZATION AND RELEASE

Part 1 - Authorization for internal office use of photos

I authorize Dr. Dworkin and/or Vein Specialists of Tampa, and/or its representative(s), to take photographs, slides or videotapes of me as part of my electronic medical record. I understand that my photos are used internally, and may also be shared with my referring or primary care physicians and/or my Insurance carrier as deemed necessary for my medical care.

Patient Initials _____

Part 2- Authorization for external use of photos

I authorize the use of these images, without compensation to me, for the following specific purposes: in the office photo album for prospective patients, in office seminars for prospective patients, on our website for prospective patients, in print advertisements, or publications.

This authorization is made as a voluntary contribution in the interest of public education and certifies that I have read this Authorization and Release carefully and fully understand its terms. As with all of my medical information, Vein Specialists of Tampa adheres to HIPPA privacy guidelines and at **NO TIME** will my photo be identified.

yes no

If I have questions about the use or disclosure of my photographs, slides, or videotapes, I can contact Dr. Dworkin at 813-374-9002.

Signature: _____ Date: _____

Witness: _____ Date: _____
