

PHOTO CONSENT

Dr. Susie's ED Retreat
August 13, 2011

During Dr. Susie's ED Retreat on Saturday, August 13, 2011, I understand that many photographs will be taken with disposable, digital and video cameras. These photographs/videos may be used for a variety of purposes including but not limited to the following: 1) Dr. Susie's website, 2) Educational materials, 3) Office photo albums, and/or 4) Media.

NOTE: THERE IS NO OBLIGATION WHATSOEVER TO BE PHOTOGRAPHED/VIDEOTAPED TO PARTICIPATE IN THE RETREAT! IT IS PURELY VOLUNTARY. PATIENT CONFIDENTIALITY TAKES PRECEDENCE OVER ANY PHOTOGRAPHS/VIDEOTAPING. IF YOU DO NOT WANT TO BE PHOTOGRAPHED DURING THE RETREAT, SIMPLY SIGN THE BOTTOM OF THIS PAGE WITHOUT CHECKING ANY OF THE BOXES BELOW.

I hereby give my consent to allow Dr. Susie to use the photos of me taken exclusively during the retreat on August 13, 2011 for those items I have checked below.

I DO NOT give consent for photos of me to be used for any purposes listed below. (LEAVE BLANK and SIGN BOTTOM)

_____ Dr. Susie's Website

_____ Dr. Susie's Office Photo Albums

_____ Educational Materials

_____ Media (TV, Magazines, Ads)

Name of Patient (Please Print)

Signature of Patient

Name of Parent or Guardian (if patient is under 18 years of age)

Signature of Parent or Guardian

Date Signed