



Consent for Photography:

I consent to having my photograph taken for identification purposes. It is our office policy to confirm your identity prior to providing medical care. I consent to photographs taken during my medical and surgical care for the use of tracking my venous insufficiency progress and before/after comparison. The term "photograph" includes both video and still photography in a digital format.

I hereby grant permission to North Valley Vein Specialists to use photographs of my varicose veins, digital images, and/or digital files of my legs for use anonymously in but not limited to; marketing materials, venous progress, and/or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions, and files shall be the property of North Valley Vein Specialists.

Patient Signature: _____

Date: _____

Patient Printed Name: _____

Witness: _____