PHOTOGRAPHIC CONSENT FORM

PATIENT NAME ______________________ DATE ______________

I (or) ____ authorize and formerly approve any photographing of myself (or the above named patient) by **Great Steps O & P** in connection with diagnosis, treatment and payment as determined by the attending physician, practitioner and other consultants. My name (or the above named patient) shall not be used to identify said photographs, outside of the medical record. The photographs may be incorporated with the patient medical record for documentation of care.

INITIAL HERE IF YOU AGREE WITH ABOVE PARAGRAPH___________

I understand that the photographs may be used for scientific and educational purposes including but not limited to visual presentations in physician, medical student, and ancillary health educational training programs, and in conjunction with articles in medical or scientific publications.

INITIAL HERE IF YOU AGREE WITH ABOVE PARAGRAPH___________

I agree to allow Great Steps to use my photographs (or the above named patient) for marketing purposes as long as all identifying private information is withheld both on the photo and any accompanying documents.

INITIAL HERE IF YOU AGREE WITH ABOVE PARAGRAPH___________

I hereby certify that I have read and fully understand the above provisions.

(WITNESS) ______________________ (SIGNATURE OF PATIENT) ______________________

(DATE) ______________________ (DATE) ______________________

If patient is a minor or is unable to consent, complete the following:

The patient is unable to consent because

(A) the patient is a minor, __________ years of age

(B) other reason ____

The undersigned (acting on behalf of all parents and guardians), certifies that the undersigned is a parent or legal guardian and has full and complete authority from said patient's other parent or legal guardian(s) to give the above consent and make the representations hereunder on their behalf.

(PRINT NAME OF WITNESS) ______________________ (PRINT NAME OF REP.) (INDICATE RELATIONSHIP TO PATIENT) ______________________

(WITNESS SIGNATURE) ______________________ (REPRESENTATIVE SIGNATURE) ______________________

(DATE) ______________________ (DATE) ______________________