

Photograph And Video Release

Thotograph And video helease	
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 The usage of these photographs and/or digital images will be limited to a. Medical purposes b. Scientific purposes, including seminars and medical articles c. Photo album (digital or printed) for patients to view in the office d. Photographs and/or digital images to be posted on websites ar Facebook e. Photographs and/or digital images to be included on the San Deducational purposes 	es nd social media platforms such as YouTube or
I understand I will not be identified explicitly by my full name in any use circumstances, the photographs may portray features that will make my while efforts will be made to balance my interest in privacy with the integrated party will never be able to connect the photograph with my identity.	y identity recognizable. Hence, I understand
San Diego ENT need not approach me again for authorization to use the that listed above. If I do not revoke this authorization, it will expire ten (
If I ask San Diego ENT to terminate the use of these photographs and/o communicate the request to San Diego ENT and recognize that it will lil accomplish. For example, to remove such photographs from a website, a third party webmaster.	kely take a reasonable time period to
Further, termination of prospective use of photographs and/or digital in such as the case with medical journals. A published journal, for example	
I hold San Diego ENT harmless from any liability related to the use of the purposes outlined above. I further hold San Diego ENT harmless for any direct, immediate, and proximate action by San Diego ENT.	
This release and authorization do not conflict with any existing commit	ment on my part.
I understand that San Diego ENT is not obligated to make use of its righ	nts set forth herein.
Copyright to photographs and/or digital images are retained by San Di	ego ENT.
Patient Signature	Date
Witness Signature	Date