



Summerlin Dermatology

911 No. Buffalo Drive # 113

Las Vegas, NV 89128

General Media Consent

I give permission for medical photography to be included in my care as a part of my medical record. This may include still photography or video photography, or other images. I understand that Summerlin Dermatology will own these images, but that I will be allowed access to them or obtain copies of them at a reasonable cost. Unless I have consented to the additional uses below, I understand that my medical photography will only be used for treatment, payment, and health care administration and other uses specifically allowed under law.

I also give my permission to use medical photography, without compensation, for the following uses by writing "Yes" or "No" on each line:

_____ Medical education, including professional publications, manuscripts and presentations.

_____ Medical practice management and publicity, including use on websites, brochures, and practice books to be shown to other patients in, posters, videos, and patient educational materials etc.

_____ My name can be used with my medical photography.

I understand that my consent to the above checked items may be withdrawn by me at anytime in writing. Upon that time, every reasonable effort will be taken to withdraw these items promptly.

Patient's Name: _____ **Date:** _____

Signature: _____ **Witness:** _____