



## **Patient Photo Release Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I consent for photos to be made, used, published, reproduced, and/or distributed of me or my child (or person for whom I am legal guardian). I understand and agree that all photos will become the property of Connecticut Childbirth & Women's Center, a division of Women's Health Connecticut (the "Company") and will not be returned. Refusal to consent to the use, publication, reproduction and/or distribution of photos of me and/or my child will in no way affect the medical care I receive, and I understand I may refuse to consent. If I have any questions or wish to withdraw my consent in the future I may speak with a member of Connecticut Childbirth & Women's Center management team and/or contact:

Women's Health Connecticut  
Compliance Department  
Phone: 1.860.678.3496  
175 Capital Boulevard  
Suite 300  
Rocky Hill, CT 06067

Please initial all that apply:

\_\_\_\_\_ **Internet:** Photos of me or my child can be used on the Company website and/or the Company's social media. I also waive any right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo(s).

\_\_\_\_\_ **Media:** Photos of me or my child can be used in any print or broadcast media including, but not necessarily limited to newspapers, pamphlets, educational films, and television. I also waive any right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo(s).

\_\_\_\_\_ **Office:** Photographs taken of me or my child's photograph can be used in the Company's office. I also waive any right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo(s).

I release and discharge the Company from any and all claims and demands which may arise as a result of or in conjunction with the use of my or my child's photos, including without limitation any and all claims for libel or violation of any right of publicity or privacy.

By signing this form, I acknowledge my consent, as initialed above, and I confirm that this consent form has been explained to me in terms which I understand.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_