

Ft. Lauderdale North Lauderdale Pines

FOR OFFICE USE ONLY	
Patient Name _____	_____
Case # _____	_____
Date of visit: _____	Staff/Volunteer Name: _____



PATIENT PHOTO RELEASE FORM

Would you give us permission to use your story / photo, if the opportunity arises, in one of our publications, letters, websites, presentations, or in whatever form might have the most impact to touch people's lives? If so, it's your choice as to whether we use your real first name or change it to something more anonymous – please indicate what you would prefer.

If you choose not to share your story further, that's fine too. We just want you to know that it blessed us to see how God is working in your life. Your choices will have an eternal significance! (Check all that apply.)

- Yes**, you may share my story / photo in whatever form might have the most impact to touch people's lives.
* By checking Yes above, I understand that I am giving my permission freely and expect no compensation for my story's use.

- Change my name; **OR**
 You can use my real name

- No**, I prefer that my story not be shared

Print Name

Date

Signature

If a photo is submitted, ALL of the people who can be identified in the photo must sign their permission for the photo to be used.

Additional Adults in this photo sign below.

Print Name

Date

Signature

Print Name

Date

Signature