



AUTHORIZATION FOR USE OF PHOTOGRAPHS, VIDEOS, AND TESTIMONIALS

This form explains how I may use photos, videos, or testimonials of your child and requests your permission.

Patient Information

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Today's Date: _____

What This Form Is About

From time to time, I may want to photograph or video your child, or use your family's testimonial or story, for:

- Educational purposes (teaching other families)
- Marketing my practice (website, social media, brochures)
- Before-and-after documentation (for procedures like ear piercing)
- Documenting medical conditions or treatments
- Community engagement or news media

This form is separate from medical photography for your child's medical record.

IMPORTANT DISTINCTION:

Medical Record Photography (does NOT require this consent):

- Photos taken for medical documentation (rashes, injuries, etc.)
- Stored in your child's medical chart
- Used only for medical care and communication with other providers
- Covered by your general consent to treatment and HIPAA Notice of Privacy Practices
- YOU DON'T NEED TO SIGN THIS FORM for medical record photos

Marketing/Educational Photography (DOES require this consent):

- Photos or videos used on my website, social media, or marketing materials
- Photos used in educational presentations or publications
- Before-and-after photos shared publicly
- Testimonials or stories about your experience
- REQUIRES YOUR SIGNATURE on this form

What I May Photograph or Record

With your permission, I may photograph or record:

- Your child's face and general appearance**
- Specific body parts** (ears after piercing, rashes, etc.)
- Before-and-after images** (procedures, growth progress, etc.)
- Your child participating in activities at the practice**
- Video of your child** (talking, playing, during visits)
- Your family together** (parent and child photos)

How I May Use These Images

With your permission, I may use photos/videos in:

- Website** (www.wholepeds.com)
- Social media** (Facebook, Instagram, LinkedIn, etc.)
- Printed materials** (brochures, flyers, newsletters)
- Educational presentations** (conferences, lectures, teaching)
- News media** (newspaper, TV, radio interviews about my practice)
- Online advertising** (Google, Facebook ads)
- Before-and-after galleries** (showing results of procedures)

Testimonials and Stories

With your permission, I may also use:

- Written testimonials** you provide about your experience
- Quotes** from conversations with you (with your approval)
- Your family's story** (with identifying information or anonymously)
- Video testimonials** you provide

Identifying Information

Please indicate how you want your child identified:

- Full name** (first and last name)
- First name only** (no last name)
- Initials only** (e.g., "J.S.")
- No name** (no identifying information)

- Include age**
- Include city/location** (e.g., "Riverside, CA")
- No personal details** (photo/video only)

Duration of Consent

This consent is:

- Ongoing** - Valid until I revoke it in writing
- Limited time** - Valid for _____ years from today's date
- Specific use** - Only for: _____

Compensation

I understand that:

- I will NOT receive any compensation (money or services) for use of these images
- I will NOT receive royalties or payment if images are used commercially
- Use of these images is voluntary and provided free of charge

Ownership and Rights

I understand that:

- ✓ Photos/videos become the property of Whole Pediatrics Group
- ✓ Dr. Bost may edit, crop, or modify images as needed
- ✓ Images may be used multiple times across different platforms
- ✓ Images may remain online indefinitely
- ✓ I cannot control who sees images once posted publicly
- ✓ Images may be shared or reposted by others

Internet and Social Media Considerations

I understand and acknowledge:

- ⚠ Once posted online, images can be copied, shared, or downloaded by anyone
- ⚠ Images may appear in search engine results
- ⚠ Complete removal from the internet is not possible once widely shared
- ⚠ Social media platforms have their own terms of service for content
- ⚠ Others may comment on or react to posted images

By signing this consent, I accept these risks.

Your Right to Revoke Consent

You may revoke (cancel) this consent at any time by:

- ✓ Submitting written notice to Whole Pediatrics Group
- ✓ Sending email to info@wholeped.com
- ✓ Calling 909-553-5279 and following up in writing

If you revoke consent:

- ✓ I will stop using images going forward
- ✓ I will remove images from my website and social media when reasonably possible
- ✓ I cannot remove images that have already been shared or downloaded by others
- ✓ I cannot remove images from printed materials already distributed
- ✓ I cannot control third-party use of images already posted

Special Considerations for Sensitive Images

For **before-and-after procedure photos** (ear piercing, circumcision, medical conditions):

I understand that:

- These images may show specific body parts or medical conditions
- They will be used to show results to prospective patients
- They may be posted publicly (if I consent above) or shown privately in consultations
- I can request that sensitive images be used for private consultations only (not posted publicly)

My preference for sensitive images:

- May be posted publicly (website, social media) with identifying information as indicated above
- May be used privately only (shown in office consultations, not posted online)
- Do not use sensitive images at all

Release of Liability

I release Whole Pediatrics Group, Dr. Connell Bost, and any associated entities from:

- ✓ Any claims arising from use of images as described in this consent
- ✓ Any liability for how others may use images once posted publicly
- ✓ Any claims related to image editing or modification
- ✓ Any claims related to context in which images are used

Consent and Authorization

By signing below, I confirm that:

- ✓ I have the legal authority to consent on behalf of this child
- ✓ I have read and understand this authorization
- ✓ I understand how images may be used
- ✓ I understand the risks of posting images online
- ✓ I voluntarily consent to the uses I've checked above
- ✓ I will not receive compensation
- ✓ I understand I may revoke this consent in writing
- ✓ I release Whole Pediatrics Group from liability as described above

Specific Permissions (Initial each that applies)

- ____ I consent to photographs of my child
- ____ I consent to videos of my child
- ____ I consent to use of testimonials or quotes from me
- ____ I consent to sharing my family's story
- ____ I consent to use on website and social media
- ____ I consent to use in printed marketing materials
- ____ I consent to use in educational presentations
- ____ I consent to before-and-after images being posted publicly

Parent/Guardian Name (print):

Signature:

Date:

Relationship to child:

Mother Father Legal Guardian

Second Parent/Guardian Consent (if applicable)

I also consent to the above uses:

Name (print):

Signature:

Date:

Relationship to child:

Mother Father Legal Guardian

For Office Use Only

Date consent obtained: _____

Specific use: _____

Revocation date (if applicable): _____

Staff Initials: _____
