

Authorization for Use Of Name and or Media (video or photos)

Authorization

I authorize the use and disclosure of photographic/video images, information about my eye condition, and/or testimonial for marketing purposes by Southland Eye Associates, PC for use on its website, social media (including Facebook, Instagram, LinkedIn, Pinterest, TikTok, and others which may be added from time to time. I understand that information disclosed pursuant to this authorization will no longer be protected by HIPAA privacy regulations.

Purpose

The photographic image, videos, and/or testimonial will be used for: Videos, Social Media, and/or advertising or in presentations prepared by the doctor to be shown to other medical professionals.

Revocability

I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward from the time of notification and is not retroactive. Images already circulating in print or social media may not be able to be retrieved and will, in most cases, remain permanently visible.

This authorization has no expiration from the date signed.

Specific Authorization

- By checking this box I authorize the use of my name and or testimonials
 - By checking this box I authorize the use of my images, video
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No Treatment Conditions:

I understand that the practice cannot condition (offer or withhold) treatment on whether I sign this authorization.

I have read the above and have had the satisfactory opportunity to ask all questions.

Patient Signature:

Date: _____
Signature: _____
Written Name: _____

If Personal Representative

Date: _____
Signature: _____
Written Name: _____
Relationship to Patient: _____

If Patient is a Minor: Parent / Legal Guardian

Date: _____
Signature: _____
Written Name: _____
Relationship to Patient: _____