



Diplomats of the American Board of Dermatology  
General, Surgical and Cosmetic Dermatology

## Media Consents

### Photo/Video Consent:

I consent to medical or cosmetic photographs be taken of me by DSA and/or staff. I understand that it is possible that someone may recognize me. Refusal to consent to photographs will in no way affect the medical care I will receive. If I wish to withdraw my consent in the future, I may do so with a written request.

Photos could be used for one or more of the following purposes:

- For demonstration purposes including office photo album
- On our website
- Print advertising and/or professional journals
- Social Media

*By signing this form below, I confirm that this consent form has been explained to me in terms which I understand. I may revoke this consent at any time by submitting a written request.*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Patient /Legal Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Parent/Legal Guardian)