

## **Photography Informed Consent Form for the JAOCD**

I, \_\_\_\_\_ agree to have my photographs published in the Journal of the American Osteopathic College of Dermatology, even if they allow for my recognition. If pictures of my face are being used then I have the right to request my eyes be blacked out:

- ☐ I request any pictures of my face to have my eyes be blacked out when published.
- ☐ I agree to allow photographs of my face to be published without my eyes being blacked out.
- ☐ No pictures of my face will be published.

I understand that I will not be able to withdraw this consent once my pictures are published as they will be in the public domain. I have been allowed to ask questions regarding this consent and the usage of my pictures to my clinician and all questions have been answered. I have the right to review all of the photographs that were taken of me and to receive a copy of these photographs as well as a copy of this signed consent form.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician's Printed Name

\_\_\_\_\_  
Clinician's Signature

\_\_\_\_\_  
Date