

Vein Care of Brevard LLC.

Consent for Photography

VeinCare takes before & after photos mainly to compare the results of the sclerotherapy.

I hereby authorize the assistants at VeinCare Brevard to take photographs of the work performed both before and after treatment. I agree that these photographs will remain VeinCare of Brevard's property

I shall not be identified by name.

Initial _____

I further authorize the use of said photographs may be used, for the purpose of advertising, web sites, and newsletters and for teaching purposes.

Yes_____ **No** _____

Letter of Consent to share medical information

I, (print name clearly) _____ authorize VeinCare of Brevard, any employees or agents acting on behalf of VeinCare of Brevard to share any and all medical information, records, laboratory results and any relevant information, as deemed by VeinCare of Brevard.

Under new federal guidelines- we cannot even allow spouses to inquire about the private medical records of each other without this signed agreement.

Please list those who you would consent to share your medical information, if at all:

Print name(s) clearly:

Date: _____

Signed (patient releasing records) _____

This permission may be revoked at any time with written notice from the patient.