





**Tina L. Baum**  
**PHYSICAL THERAPY**

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## Photography Release Form

Patient's Printed Name:

Date of Birth:

I understand that digital still images or other digital images may be recorded to document my care, and I consent to this. I understand that Tina Baum Physical Therapy will retain the ownership rights to these photographs, digital images or other images, but that I will be allowed access to view them or obtain copies. I understand that the digital images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in Tina Baum Physical Therapy's policy. Printed copies of digital still images become part of the medical record.

For Lymphedema Patients, images that identify me will be released to the manufacturer (JUZO, JOBST, JOVI, etc) of my compression garments if required to make custom garments.

Copies of the digital still images that identify me will be released with the rest of my medical records in the event a release of records signed by me or my legal representative is received.

Digital video images and actual digital still images (JPEG) will only be released upon special arrangements made with the HIPAA officer.

I hereby consent to the any or all of the above procedures and policies.

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

\_\_\_\_\_  
Parent or Guardian must sign if patient is under 18 years of age

\_\_\_\_\_  
Witness