

Pediatric Associates of Julington Creek

Medical Photography Release/Approval:

This practice is strongly dedicated to the use of the most advanced technologies available giving and documenting your medical care. To this end, we have invested in electronic medical records. This means that all items traditionally in a paper format will be obtained, stored and cataloged digitally. This record will also include the digital photo of your child(ren) for identification by our staff. Any lesions, procedures, or other items which may be documented visually, will also be stored and reproduced in this manner. If you have no objection to the use of these photos we would greatly appreciate your signature below.

I hereby authorize Pediatric Associates of Julington Creek and it's Representatives to obtain and reproduce photographs of my child(ren)'s likeness(es) for purposes of medical records. I also approve of the use and reproduction of clinical photos for referral, coding, charting, and education purposes.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Legal relation to child(ren)

List Name(s) of child(ren) covered in release

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