

TeleSAFE IT Security Policy Development

Patient Consent for Photography

I understand that photo documentation is a component of the teleSAFE medical forensic exam, and by signing this consent, I hereby authorize photography as a form of documentation of my exam. This photography may include images from a digital camera, a colposcope, or other teleSAFE technology and may include images of body surfaces as well as genitalia. I authorize the taking and reproducing of photos conditioned upon their being viewed only by those persons officially involved in my care and the investigation or legal proceedings which may be initiated. Photos may also be used for quality assurance purposes. Deidentified photos may be used for education and training purposes. I understand I can stop the photography at any time and can decline any portion of the photography.

I understand that these images will only be released with a proper HIPAA-compliant release.

Person Examined

Date

Parent or Guardian

Witness

Version 1 Date 7.12.2021

Patient Sticker