



# Highland Primary Care

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## Permission To Photograph

I agree that Highland Primary Care (HPC) may take digital photos of me. I understand that:

- The photo will be stored permanently in my medical record.
- The photo will be used to identify me when I come here for care.
- The photo will be stored securely to protect my privacy.
- The photo will **NOT** be used outside of HPC, unless I (or my legal representative) give permission in writing.
- HPC will own the photo. I can look at the photo or get copies if I (or my legal representative) sign a release form.

Patient Signature (or authorized representative): \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to decline permission for my photograph to be taken, stored, shared, or copied.

Patient Signature (or authorized representative): \_\_\_\_\_

Date: \_\_\_\_\_