DERMATOLOGY
MOHS SURGERY
Laurel Leithauser MD I Anthony Van Vreede MD
Pure North Cosmetic Center

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CONSENT TO BE PHOTOGRAPHED-EDUCATIONAL USE ONLY

I consent for medical photographs to be taken of me by the staff or representatives of The Dermatology and Mohs Surgery Center. I understand that the images will be placed in my medical record and may be used for a variety of purposes, including monitoring my response to treatments and confirming lesion site. The photos may also be used for educational purposes such as patient education including Dr. Leithauser, Dr. Van Vreede, and Rachel Zenner's cosmetic or surgical portfolio and website, educational presentations for community members or physicians/healthcare practitioners. By consenting to these medical photographs, I understand that I will not receive payment from any party. Although these photographs will be used without identifying information such as my name, I understand that it is possible that someone may recognize me.

I also give permission for transfer of these photographs via a non-encrypted email exclusively for the purposes of third-party diagnostics, treatment and continuing medical care (e.g. communication with my primary care physician).

Refusal to consent to photographs will in no way affect the medical care I will receive.

If I wish to withdraw my consent in the future, I may do so with a written request.

Patient Signature: Date:

Witness: Date: