

# Agave Pediatrics

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## Consent for Photograph

I consent to taking photographs of my child, by Agave Pediatrics for the purpose of advertising, use on the official website, part of the medical record or for academic purposes.

I understand that on occasion, photographs or case histories may be published by Dr. Rajeev Agarwal and/or any party acting under their license and authority in any print, visual or electronic media including, but not limited to, medical journals and textbooks, scientific presentations and teaching courses, books, magazines and Internet web sites, for the commercial, non-profit and/or educational purpose of informing the medical profession or the general public.

Neither I, nor any member of my family, will be identified by name in any publication. I understand that in some circumstances the photographs may portray features that shall make my identity recognizable.

**I understand that I have the right to revoke this authorization in writing at any time, but if I do so it will have no effect on any actions taken prior to my revocation. If I do not revoke this authorization, it will expire twenty (20) years from the date written below.**

**I understand that I may refuse to sign this authorization and such refusal will have no effect on the medical treatment I receive from Agave Pediatrics.**

**I understand that the information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA")**

I release and discharge Dr. Rajeev Agarwal, and all parties acting under their license and authority from all rights that I may have in the photographs, videotapes or case histories and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of these materials in any medium.

I have read the above Authorization and Release. I am the parent, guardian or conservator of \_\_\_\_\_, a minor.

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

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