

PHOTOGRAPHY CONSENT

Photographs are an integral part of our treatments. By signing this form below I confirm that this consent form has been explained to me in terms that I understand.

1. Required as office procedure and medical documentation.

I, _____, hereby give my permission to Cary Hair Removal Center to photograph me for **internal diagnostic purposes**. The purpose of this is to properly document the client's skin and progress for medical record keeping. Cary Hair Removal Center and their employees will take all safeguards to protect my privacy in the use of these photographs.

2. Optional

I, _____, hereby give my permission to Cary Hair Removal Center to photograph me for **use on their website**. The photographs obtained will be non-identifying and subject to my approval before saving the digital image as well as publishing on www.CaryHairRemovalCenter.com. The purpose of this is to provide an accurate view of the treatment performed by the technicians at Cary Hair Removal Center.

I acknowledge that I **read, understand** and **accept** the terms above in regards to the use of photography and my options as a client.

Client Signature

Date

Client Printed Name