



3381 West Bavaria Street, Eagle, ID 83616 ● Phone (208) 639-4800 ● Fax (208)639-4801 ● humphrey@boiseshoulderclinic.net

C. SCOTT HUMPHREY, MD
Orthopaedic Surgeon

AUTHORIZATION AND CONSENT TO RELEASE PHOTOGRAPH FOR PUBLICATION

The undersigned hereby authorizes C. Scott Humphrey, M.D., and my providers to photograph or permit other persons to photograph _____.
(print name)

The undersigned agrees that C. Scott Humphrey, M.D., and my providers may use and permit other persons to use the negatives or prints prepared from such photographs for the purposes and manner as either may deem appropriate. The undersigned agrees the photographs may be used for purposes including, but not limited for dissemination to hospital staff, physicians, health professionals, and members of the public for educational, treatment, research, scientific, public relations, and charitable purposes and that such dissemination may be accomplished in any manner and that such use is subject only to the following limitations:

The undersigned has entered into this agreement in order to assist scientific treatment, educational, public relations, and/or charitable goals and hereby waives any right to compensation for these uses by reason of the foregoing authorizations, and the undersigned and his or her successors and assigns hereby hold C. Scott Humphrey, M.D., my providers and any other person participating in my care and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term “photograph” as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc and any other mechanical, electronic and/or digital means of recording and reproducing images. You will remain anonymous, all identifiable marks will be removed i.e. birth marks, tattoos. Your face will be blacked out.

Date: _____

Signature: _____

If signed by someone other than patient, indicate relationship: _____

Signature of witness: _____