



## Bethany Women's Healthcare Photo Release

As a patient of Bethany Women's Healthcare, or as a client of the Breastfeeding Support Center at Bethany Women's Healthcare, I give my permission to have my photo taken with or without my child.

This photo may be used to promote the services available at Bethany Women's Healthcare and/or the Breastfeeding Support Center when opportunities arise. I am under no obligation to have photos taken.

Opportunities to use my photo(s) include, but are not limited to:

- Print copies of my photo(s) printed and posted in the facility;
- Print copies of my photo(s) used in printed materials promoting the services of Bethany Women's Healthcare and/or its Breastfeeding Support Center;
- Electronic copies of my photo(s) being posted by BWH staff or website designers on the Bethany Women's Healthcare website, including social media and blog;
- Other opportunities or formats that may develop.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Staff Member – Printed Name & Initials

\_\_\_\_\_  
Date

***\*Please route this form to the Practice Administrator, when completed.\****