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DERMATOLOGY ASSOCIATES
of SAN ANTONIO

AUDIO RECORDING, VIDEOTAPING AND PHOTOGRAPHY FORM

I understand for my privacy and security, no videotaping, audio recording or photography is allowed in the office.

Print Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Audio Recording: recording and individual's voice using video recording (e.g., video cameras, cellular telephones), tape recorders or other technologies capable of capturing audio.

Photography: recording an individual's likeness (e.g., image, picture) using photography (e.g., cameras, cellular telephones), video recording (e.g., video cameras, cellular telephones), digital imaging (e.g., digital cameras, web cameras), or other technologies capable of capturing an image (e.g., Skype).