DERMATOLOGY
MOHS SURGERY
Laurel Leithauser MD I Anthony Van Vreede MD
Pure North Cosmetic Center

Laurel Leithauser, MD
Anthony Van Vreede, MD
Rachel Zenner, FNP
1225 W. Front St, Suite C
Traverse City, MI 49684
(P) 231-486-0230 – (F) 231-525-2062

CONSENT TO BE PHOTOGRAPHED-OFFICE USE ONLY

I consent for medical photographs to be taken of me by the staff or representatives of The Dermatology and Mohs Surgery Center. I understand that the images will be placed in my medical record and may be used for a variety of purposes, including monitoring my response to treatments and confirming lesion site. By consenting to these medical photographs, I understand that I will not receive payment from any party. Although these photographs will be used without identifying information such as my name, I understand that it is possible that someone may recognize me.

I also give permission for transfer of these photographs via a non-encrypted email exclusively for the purposes of third-party diagnostics, treatment and continuing medical care (e.g. communication with my primary care physician).

Refusal to consent to photographs will in no way affect the medical care I will receive.

If I wish to withdraw my consent in the future, I may do so with a written request.

Patient Signature: Date:

Witness: Date: