Florida Medical Clinic Dermatology
Your life. Our specialty.

Rachel E. Careccia, MD, FAAD

Board Certified Dermatologist
Board Certified Dermatopathologist

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Consent to Taking Photographs

In connection with the medical services which I am receiving from my physician, Rachel Careccia, M.D. and her associates, I consent that photographs may be taken of me or parts of my body, during and after treatment.

- The photographs shall be used for my medical records.
- The photographs may be used to coordinate care between my health care providers, especially as it relates to additional medical procedures that may be necessary in the course of my care.
- The photographs may be taken only with the consent of my medical provider, and under such circumstances and at such time as approved by my provider.
- The photographs shall only be taken by my provider or by a staff member approved by my provider.
- The photographs may be provided to my insurance company at my request or if requested by my insurance company.
- Photographs may be used by my provider for educational purposes. It is specifically understood that I shall not be identified by name and when possible, my face and/or identifying characteristics will not be shown.

Printed Patient Name _____ Date: _____

Patient Signature _____