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PHOTO IMAGE RELEASE FORM

The Colorado Health Network Medical Clinic (CHNMC) appreciates your cooperation and consent in allowing us to take your Photo for our use in your chart, you have our assurance that the photo will be used only for limited official purposes such as your medical chart, and as identification when checking in at the front desk of the Medical Clinic, we will be using an application in our staff's phone that is linked to our Electronic Medical Record system and allows us to safely take a picture and download it directly to your EMR chart.

By signing bellow I hereby voluntarily and without compensation grant (CHNMC) permission for use of the photo taken of me, I further grant (CHNMC) to use the photo at its own discretion in the future for Electronic Medical Record purposes.

Patient Name (Print)

Parent/Guardian/Authorized Rep Name (Print)

Patient Name (Signature)

Parent/Guardian/Authorized Rep Name (Signature)

Date

Date

Staff Signature

Print Name

Date