



# Woman Care Clinic

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*Obstetrics & Gynecology*

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## Photo Consent Form

This consent form serves to request permission for use of your newborn photo/image, name and date of birth on Woman Care Clinic website, Facebook and inside our office on special monitor or new arrival board.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes your newborn photo/image, name, date of birth, delivery hospital, and delivery physician. However, we do not release your name, residential addresses, e-mail address or phone numbers.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as an office do want to celebrate your newborn birth. The law requires that we ask for your permission to use information about your newborn.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to Woman Care Clinic and such rescission will take effect upon receipt by the office.

### Check one of the following choices:

I **GRANT** my permission as described above for Woman Care Clinic, INC.

I **DO NOT GRANT** my permission as described above for Woman Care Clinic, INC.

Newborn Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parental/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Parental/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_