Highland Primary Care
515 Suite A, Lauchwood Dr., Laurinburg NC28352
Office: 910-506-4510 Fax: 910-506-4527

Permission to Photograph

I agree that Highland Primary Care, PLLC (HPC) may take a digital photo of me. I understand that:

- The photo will be stored permanently in my medical record.
- The photo will be used to identify me when I come here for care.
- The photo will be stored securely to protect my privacy.
- The photo will **NOT** be used outside of HPC, unless I (or my legal representative) give permission in writing.
- HPC will own the photo. I can look at the photo or get copies if I (or my legal representative) sign a release form.

Signature of the patient (or person authorized to sign for patient)_______________________________________

Relationship to patient:_____________________________________ **Date:**________________________

I decline:____ **Date:**________________________