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Photo/Video Release Form

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I, _____, hereby authorize *City Surgical Care of New Jersey* to use, reproduce, and/or publish photographs and/or video that may pertain to me—including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, social media, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors.

This material may also appear on *City Surgical Care of New Jersey* Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, *City Surgical Care of New Jersey* may publish materials, use my name, photograph, and/or make reference to me in any manner that *City Surgical Care of New Jersey* deems appropriate in order to promote/publicize service opportunities.

- I opt in for my images to be used for media with my face and name to be used
- I opt in for my images to be used for media with my face and name **not** to be used
- I opt out for all media use

I understand pictures are necessary for my progress and will be stored in a HIPAA compliant fashion regardless of the selection above

Description of Material (Photos/Audio-Visual):

Signature

Date