



IVANA MD
Gynecology • Sexual Health • Intimacy Coaching

Audio Recording, Videotaping/Recording and Photography Form

I understand for my privacy and security, no audio recording, no videotaping/recording, or photography is allowed in the office.

PRINT NAME: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE _____

Audio recording: recording an individual's voice using audio recording (e.g., video cameras, cellular phones), tape recorders, or other technologies capable of capturing audio.

Photography/Videotaping: recording an individual's likeness (e.g., image, picture) using photography (e.g., cameras, cellular phones), video recording (e.g., video cameras, cellular phones), digital imaging (e.g., digital cameras, web cameras), or other technologies capable of capturing an image (e.g., SKYPE, Facebook Live other similar platforms)

If you would like a still photograph with your physician, we request the patient to ask the physician/providers permission. This will be up to the physician's discretion. This will be the only exception to the policy above.