**OPTIMAL SOLUTIONS COUNSELING & CASE MANAGEMENT, PLLC**

**Case Management Photography Consent**

There may be occasion where the clinical social worker may need to take a picture of something to share with the primary caregiver (perhaps swelling, redness, bruising, or even broken equipment).

The clinical social worker will delete from device once it is confirmed the caregiver received. Please keep in mind that texting and sending pictures through a smart phone has risks of interception and is not completely secure.

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby consent and so authorize the taking of photographs by a representative of Optimal Solutions Counseling & Case Management, PLLC. I understand that all photographs taken will be solely for purposes of medical and psychosocial information and that they will be treated and handled in the most confidential manner afforded. Further, I understand that I may request possession of the photographs or that they be destroyed at any time.**

**I further hereby release Optimal Solutions Counseling & Case Management, PLLC and its personnel from any and all liability in the taking and use of these photographs. I also understand that these photographs may be submitted upon request to insurance companies, Medicare, Medicaid, and other payors of care. In the event there is a subpoena, the clinical social worker will abide by the letter of the law.**

This consent is entered into on the following date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Client Witness Signature

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Relationship, if other than patient Date

Photgraphyreleaseconsent.docx