



MINIMALLY INVASIVE INSTITUTE OF SURGERY

Kevin L. Huguet, MD
General Surgery
Laparoscopic Surgery

Jamii B. St. Julien, MD
General Surgery
Laparoscopic & Robotic Surgery

Jinny L. Gunn, MD
General Surgery
Breast Surgery

Authorization For Use Or Disclosure Of Patient Photographic and/or Video Images

Authorization:

I authorize the use and disclosure of my name, photographic/video images, and/or testimonial for marketing purposes by the practice listed below. I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.

Purpose:

The photographic/video images, and/or testimonial will be used for: Social Media and/or Advertising

Revocability:

I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive. This authorization expires 3 years from date signed.

No Treatment Conditions:

I understand that the practice cannot condition treatment on whether or not I sign this authorization.

If desired, copy provided:

Yes, I would like a copy of this form. (initialed by team member, copy provided by )

Practice Name:

Patient Name:

Date:

Signature:

If Personal Representative

Name:

Date:

Signature:

Relationship to Patient:

If Patient is a Minor

Parent / Legal Guardian:

Date:

Signature:

2191 9th Avenue North
St. Petersburg, FL 33713
(727) 821-8101 Phone
(727) 825-1357 Fax

www.baysurgicalweightloss.com