



### Pictures and Audio/Visual Recording Acknowledgement

Thank you for choosing the WesterWell (“Clinic”) as your healthcare provider. At the Clinic, we believe the physician-patient relationship is very important, which includes protecting all communication between you and your treating Clinic providers. To help in protecting your patient information, the Clinic prohibits the unauthorized taking of pictures and any audio or visual recording while receiving care or guidance from Clinic providers. If there are circumstances in which you feel that you may need to record an encounter with your Clinic provider, this must be approved by the physician in writing prior to your appointment. Please sign below acknowledging that you understand this policy.

Printed Name of Patient: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_