



Central Texas Mental Health 1717 N. IH-35 Ste 200 Round Rock, TX 78664 512-964-6992 centexmh.com

Medical Chart Photo Consent Form

I hereby consent to a photograph (drivers' license style) being taken of me, or to provide one for the exclusive purposes of adding the photo to my digital medical chart. This serves 2 purposes:

- 1) Serve as a secondary identifier to avoid office confusion with patients with a similar name.
- 2) Serve as a memory prompt for providers and staff to remind them who you are.

You may decline the photo consent, but is not recommended for the above safety reasons.

I consent to a photo taken, or provided to the office:

Name _____

Date of Birth _____

Date Signed _____