Loma Linda Fertility and Wellness Center

Patient Authorization & Media Release Form

Patient Name: _____
Date of Birth: _____

At Loma Linda Fertility and Wellness Center, we value your privacy and respect your rights regarding the use of personal information, stories, and photographs. With your consent, we may share your testimonial, treatment story, and/or photographs (including baby pictures) through our website, printed materials, and social media platforms.

Authorization

• Use my written testimonial or story regarding my treatment experience.
• Use my review(s) or feedback provided in writing, electronically, or verbally.
• Use photographs or videos of myself, my partner, and/or my baby(ies) for educational, promotional, or informational purposes.
• Share such materials on the practice's website, social media accounts, printed brochures, or other marketing platforms.

Patient Rights & Privacy

I understand that my name [■ may / ■ may not] be used with my story or photograph. I understand that I will not receive compensation for the use of my testimonial, story, or photograph(s). I understand that once posted online, the information may be accessible by the general public and cannot be fully withdrawn once shared. I understand that my authorization is voluntary and that I may refuse to sign this form. My decision will not affect my medical care in any way. I may revoke this authorization in writing at any time, but revocation will not affect materials already released prior to the revocation.

Consent

By signing below, I confirm that I have read and understood this authorization. I give my voluntary consent for Loma Linda Fertility and Wellness Center to use my testimonial, story, and/or photograph(s) as described above.

Patient/Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Witness (if required): _____