



## East Coast Infertility & IVF

June 19, 2008

Dear Patient;

Over the years we have enjoyed receiving your child's photo and sharing them with other patients in our office. We would like to share your joy with future patient by posting your child's photo in our newly redesigned website.

I have attached a release consent form to be completed by you should you agree to share your success story and experience with future and existing East Coast Infertility & IVF patients. Please send us a recent photo of your child or children.

Sincerely,

Wanda Cabrera Practice Administrator



## East Coast Infertility & IVF

### RELEASE CONSENT FOR WEBSITE & PUBLICITY

Date:

I, \_\_\_\_\_ Name of parents/ guardians of

(Name of minor) hereby give East Coast Infertility & IVF the right and permission to publish, my child's photographic image and any letter written by me for the specific purpose of publication to their website [www.eastcoastivf.com](http://www.eastcoastivf.com). In giving my consent, I hereby release and hold harmless East Coast Infertility & IVF from any and all responsibility and liability. I understand that I will not receive any compensation, should any photographs of my child are used.

I understand that my child's picture and this release form will be maintained at East Coast Infertility & IVF. I understand that, our names or identifying information will not be used and that I may change or withdraw this release/ consent at any time by contacting East Coast Infertility & IVF in writing to the address noted below.

I have read this agreement and understand it.

Name of Person in Picture

Signature of Parent/ Guardian of minor

Address of Parent/ Guardian