

Western Vascular Institute, PLLC  
Consent for Electronic Chart Identification

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Effective May 1<sup>st</sup>, 2008 Western Vascular Institute (WVI) will be using Electronic Medical Records (EMR) to maintain your health care information. The beneficial capabilities of the EMR allow us to use a digital photo to visually identify our patient while reviewing a chart.

WVI will only use your picture for identification purposes. Your picture will never be disclosed with any medical records releases or shown anyone other than WVI staff for identification purposes. WVI is committed to maintaining the privacy and confidentiality of your health information, as defined in our Notice of Privacy Practices that complies with HIPAA.

You may, at any time, withdraw this consent with a written notice.

**PLEASE CHECK ONE:**

**Yes.** I agree to have my photo taken.

I, \_\_\_\_\_, Date of Birth, \_\_\_\_\_ understand that by checking this box and signing this form, I am giving Western Vascular Institute permission to take a photo of me to use solely for identification purposes in the EMR. I understand the terms of the usage of my photo.

**No.** I wish to not have my photo taken and used for identification purposes in the EMR.

By signing this form, I have read this form thoroughly and chose an option.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date