



Birth Announcement Consent and Release

Thank you for allowing us to be a part of this joyous and miraculous experience, the birth of your child.

As part of that experience, the office of Kathy E Wolf MD PC (“Practice”) photographs and publishes pictures and birth announcements. The term “Photo(s)” means one or more photographs in any and all forms including, without limitation, hard copy, electronic and digital, whether such photographs were provided by you or taken by or on behalf of the Practice. Birth announcements may include information regarding baby’s gender, weight, length, name and any other information the parents would like to provide.

The Practice posts Photos and birth announcements in the office and on various social media outlets, including but not limited to Facebook and Twitter, if granted permission. In-office media include the birth announcement wall located in the Practice’s office, in-office slide shows, and in-office publications. We will not post you or your child’s last name on social media websites. Our posts on social media include the first name of your baby and siblings, if applicable, and a photograph or short video if available.

The Practice will not publish any such information without your consent, as indicated below. By giving such consent, you agree and acknowledge that the Practice is granted the irrevocable right to use, publish and/or distribute the Photos in connection with the Practice’s advertising or publicity materials, including but not limited to the Practice’s printed materials, the Practice’s photo wall or collage of newborns, the Practice’s websites and the Practice’s pages on social networking sites, without compensation or royalties. You further agree and acknowledge that you and your child have no interest (including copyright interest), or ownership in any product or service or other item using Photos as authorized by this consent. You waive, on behalf yourself and your child, all claims regarding use of Photos of the Child including, without limitation, claims for unauthorized use or copying, defamation, libel, slander, invasion of privacy or any publicity rights.

Please read and acknowledge your understanding of and response to the foregoing by placing an X in the appropriate box below:

- YES**, the office of Kathy E Wolf MD PC has my permission to publish my likeness and information, both **paper and electronic** of my birth announcement.
- Yes**, the office of Kathy E Wolf MD PC has my permission to post my birth announcement in their office, BUT does NOT have permission to post electronically.
- No**, the office of Kathy E Wolf MD PC does not have my permission to publish my information.

Patient Name _____

Patient Signature _____

Date _____