

**Beverly J. Anarumo, D.O., P.A., F.A.C.O.P.
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PERMISSION TO DISPLAY PHOTOGRAPHS OF YOUR CHILD

Due to new 2013 HIPAA Laws & Regulations, we are now not allowed to display Patient photos unless given written consent. We apologize in advance for this inconvenience. Please sign the form below in order for us to display your patient's photographs. If there are any questions, please feel free to ask the person at the receptionist desk.

Thank you!

-Dr. Anarumo

Patient Name: _____

I, _____, (Parent or Guardian Name)

Give Dr. Anarumo's Office permission to display photographs of my child named above.

Parent Signature: _____

Date: ____/____/20____