Klarstig

Healthcare & Wellness Photo Release

Record a proposed authorization or release, the material or activity concerned and the limits of the permission. Review the exact terms before making a decision.

Contact and reference

Organization using this document

Your name or contact reference *

Email for a reply if needed

Information for this document

Person or organization giving permission *

Recipient of permission *

Material information property or activity covered *

Specific permitted use *

Restrictions and excluded uses *

End date or duration *

Exact terms supplied for review *

Decision on the stated terms *

- ☐ I agree to the stated terms
- ☐ I do not agree
- ☐ I need clarification

Decision date *

Specific details

Photo session or image reference

Complete when relevant to this request.

People shown proposed uses duration and credit preferences

Operating context

Facility service or administrative reference

Complete when relevant to this request.

Practical access scheduling and authorized communication arrangements

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- The wording is a starting point, not legal advice, and has not been reviewed for your jurisdiction. Have your own counsel review it before use.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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