

Authorization for Videotape of Treatment

Patients of my office appreciate that I, Dr. Toder, do not operate an extensive office with medical assistants, etc. I try to take care of all aspects of the physician patient relationship myself. I have decided that in the best interest of my patients and my practice, to run a continuous video record without audio of office proceedings showing treatments. Please know that these recordings are absolutely confidential and will be treated like your medical records — that is, no person other than someone or entity (i.e. an insurance company) that you authorize, or medical boards and other governmental agency may view your records or any tape recording of your treatment. I will retain the recording tapes in the same manner I retain my medical records.

Thank you for showing your agreement by signing below.

Patient name

Signature

(date)