



Board Certified in Reproductive Endocrinology and Infertility
Board Certified in Obstetrics and Gynecology

PHOTO/SOCIAL MEDIA RELEASE

I, _____ hereby grant Texas Fertility Center (TFC) permission to share my infertility journey on their TFC web and social media sites to include text, pictures, or videos of myself and/or my child/children. I understand that I have the right to request, in writing, removal of the information, and Texas Fertility Center will have 30 days from receipt of this request to comply with my wishes. I understand this authorization will remain in effect until I request removal of the information. I understand this authorization is voluntary. Treatment, payment, enrollment, or eligibility for benefits (as applicable) will not be conditioned upon my signing this authorization form.

Patient Name: _____

Partner Name: _____

Child's/Children's Name(s) _____

Phone Number: _____

Patient Signature: _____

Partner's Signature: _____

Date: _____

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