



Authorization and Consent to Photograph, Record, Interview and Publish

I, _____ (*name of patient/participant*) authorize Prime Healthcare to photograph or permit other persons to photograph, record, conduct media interviews and/or publish information, including images regarding _____ obtained while under the care of the hospital and/or health system. The purpose of the photo/video/interview is for _____.

I agree that the photographs, audio recordings, media tapes that may include images may be used in publications or in broadcast format with radio or television or on Prime Healthcare-sponsored *social media sites such as Facebook and YouTube. I agree that Prime Healthcare may use, and permit others to use the negatives or prints prepared from such photographs for such purposes and in such manner as identified above. I understand and agree that the photographs, recordings and/or publications may reveal my identity. I understand that Prime Healthcare adheres to the privacy regulations promulgated by the Health Insurance and Portability and Accountability Act (HIPAA) and that re-disclosure by the recipient will no longer be protected under HIPAA. I agree that the photographs and recordings may be used for identified, specific purposes including but not limited to dissemination to hospital staff, physicians, health professionals, and members of the public for education, treatment, research, scientific, public relations, promotional and charitable purposes and that such dissemination may be accomplished in the manners specified and that such use is subject only to the following limitations:

I have entered into this agreement in order to assist scientific research, education and/or treatment, public relations, marketing, promotion and/or charitable goals and hereby waive any right to compensation for these uses by reason of the foregoing authorizations, and I, or my successors or assigns hereby hold Prime Healthcare, its employees, my physician(s), and any other person participating in my care and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

I understand that I have the right to request cessation of the "photograph" and have the right to rescind consent up to a reasonable time before the "photograph" is used. The term "photograph," as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc, and any other means of recording and reproducing images.

Date: _____ Time: _____ AM/PM

Phone: _____ Email: _____

Signature: _____ (*patient/participant/parent/guardian*)

If signed by other than patient/participant, indicate relationship: _____.

Witness: _____

Original: Medical Record Copy: Patient Copy: Marketing

** Social Media are Internet-based communication vehicles for sharing information. Social Media sites include but are not limited to Facebook, YouTube, blogs, discussion forums, Wiki sites, podcasting and videocasting.*