



H-71 PHOTOGRAPHIC AND NEWS CONSENT

Patient or Family Member Name: _			
Residence Address:			
Date:	Time:	Room Number:	

The undersigned hereby grants to BAPTIST HEALTH permission to take photographs, motion pictures and/or videotapes ("Photographic Materials") of the above named patient and to use his or her name in connection with any such Photographic Materials:

The undersigned hereby permits BAPTIST HEALTH and its agents to use and distribute such Photographic Materials together with the name of the above named patient as often as desired for any lawful purpose, in accordance with applicable law. The undersigned hereby waives all rights of prior inspection or approval and releases BAPTIST HEALTH and its agents from any and all claims or demands that may exist on account of the lawful use, disclosure or publication of such Photographic Materials as described herein.

## Witness Patient

Because the above patient is an unemancipated minor,	 years of age, or is unable to sign for the
following reasons:	

the above consent is given on the patient's or family member's behalf by:

Witness Person Signing on behalf of patient:

To complete this process, you must also fill out form H-71 A

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S RELEASE		
HORIZATION		BMC
Patient or Family Member	r	
Residence Address		
Date	Time	Room Number
he undersigned hereby	grants to BAPTIST HEALTH per	nission for its employees to disclose pho-
		c Materials") taken by BAPTIST HEALTH
	int and such patient's name to (ch	
	FIST HEALTH responsible for BA	
	TST HEALTH publications (e.g. n	ewspapers, magazines)
Other *please descr	ibe.	
be purpose(s) of the rea	uested use or disclosure is (cheo	k as applicable):
At the patient's/under		
김 아파님이 것 같은 것이 없어야 할 때 것 것	TH to publish in its own publicati	ons
	on-BAPTIST HEALTH persons o	
Other *please descr	ribe:	
his Authorization expires	s: (insert date or event)	
n granting such permissi	an the undersland understanded	
	on, the undersigned understands	that he or she has the right to revoke this
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