



**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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H-71A  
PHOTOGRAPHIC AND  
NEWS RELEASE  
AUTHORIZATION

BMC

Patient or Family Member \_\_\_\_\_

Residence Address \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Room Number \_\_\_\_\_

The undersigned hereby grants to BAPTIST HEALTH permission for its employees to disclose photographs, motion pictures and/or videotapes ("Photographic Materials") taken by BAPTIST HEALTH of the above named patient and such patient's name to (check as applicable):

- Employees of BAPTIST HEALTH responsible for BAPTIST HEALTH'S publications
- External, non-BAPTIST HEALTH publications (e.g. newspapers, magazines)
- Other \*please describe:

The purpose(s) of the requested use or disclosure is (check as applicable):

- At the patient's/undersigned's request
- For BAPTIST HEALTH to publish in its own publications
- For publication by non-BAPTIST HEALTH persons or entities
- Other \*please describe:

This Authorization expires: (insert date or event) \_\_\_\_\_

In granting such permission, the undersigned understands that he or she has the right to revoke this Authorization by making a written request to BAPTIST HEALTH, Attention: Privacy Officer. The revocation will not affect BAPTIST HEALTH'S ability to use or disclose the information to the extent that it has acted in reliance on this Authorization.

BAPTIST HEALTH will not condition the above-named patient's ability to receive treatment on the signing of this Authorization. The information and Photographic Materials may not be protected by federal privacy laws once they are disclosed and may be subject to redisclosure by the recipient.

Because the above patient is an unemancipated minor, \_\_\_\_\_ years of age, or is unable to sign for the following reasons (describe basis for legal authority to sign this Authorization): \_\_\_\_\_

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 H-71.