Authorization and Consent to Photograph, Record, Interview and Publish Information, Statements or Images

I consent to Tenet Florida Physician Services, St. Mary's Medical Center, the Children's Hospital at St. Mary's Hospital and the attending physician to photograph or permit other persons to photograph, record, conduct media interviews and/or publish information, statements or images regarding my and/or my child's care and experiences obtained while under the care of the Hospital.

I _____**(Person's Name)** further agree that this information may be used by any affiliate Hospital within the United States. _____ (Initial)

I agree that the photographs and/or radio or television broadcast tape may be used in publications or in broadcast format with radio, television or web sites. I agree that the Hospital and the attending physician may use and permit other persons to use the negatives or prints prepared from such photographs for such purposes and in such manner as either may deem appropriate. I understand and agree that the photographs, recording and/or publication may reveal the patient's identity. I agree that the photographs may be used for any 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 any manner and that such use is subject only to the following limitations: _____
_____.

I consent to the taking and use of photographs, recordings, and interviews of me, and to the publication of such photographs, recordings, and interviews, and to the publication of information, statements or images of or about me, in order to assist scientific treatment, educational, promotional, public relations and charitable goals. By signing this authorization and consent form, I hereby waive any right to compensation for such uses, and I and my successors or assigns hereby hold the hospital, its administrators, directors, officers, employees or agents and related entities, and the attending physician and their successors and assigns harmless from and against any claim for any injury, and any compensation, resulting from the activities authorized by me in this consent form.

The term "photograph" as used in the foregoing agreement, shall mean motion picture or still photography in any format, as well as videotape, videodisc and any other mechanical means of recording and reproducing images.

I hereby waive my right under relevant state laws to patient confidentiality with respect to the taking or publishing of any photograph, record, interview, statement or image of me, as authorized in this consent form, with the exception of those limitations specifically identified by me in this consent form. I understand that I have the right to revoke this waiver, and to revoke my consent and authorization in this form, at any time, by notifying the hospital in writing, as discussed herein.

This consent form must be updated if patient condition changes.

By signing below, I acknowledge that I have read and understand the above and agree to the terms of this consent.

Dated: **Signature:** _____
Person/Legally Authorized Representative

If signed by other than patient, indicate relationship:_____

Authorization to Participate in Media Interview

I authorize to participate in an interview with _____ and I understand this will involve the disclosure
(Insert name of media)
of health care information about me. I agree to hold _____ Hospital harmless from any and all liability arising from this interview and any news article printed or broadcast as a result of the interview.

By signing below, I acknowledge that I have read and understand the above and agree to the terms of this authorization.

Dated: _____, 20 ___ Hour _____ am/pm **Signature:** _____
Person/Legally Authorized Representative
Signature: _____
Witness: Facility/Hospital Representative

Revised 6/10

I understand and agree to the terms of the photo consent for participating in the promotion/event/media opportunity at or in conjunction with the hospital. Images will be posted on the hospital's Facebook page and included in Twitter communications.