

THE QUEEN'S MEDICAL CENTER

HONOLULU, HAWAII

CONSENT TO BE INTERVIEWED, PHOTOGRAPHED, AND/OR VIDEO/DIGITAL/AUDIO RECORDED

THIS FORM MUST BE COMPLETED BY THE INDIVIDUAL PRIOR TO ANY FILMING OR RECORDING IN ANY MEDIUM {VOICE, VIDEO, WRITTEN}

I, _____, the undersigned, do hereby authorize The Queen's Medical Center or its related entities (collectively called "Queen's") to permit: The Queen's Health Systems (collectively called "Interviewer") to: **(check all that apply)** Interview / Personal Story; Photograph; Film; Video / digitally record; Audio record; _____ (Other) me while Extern/Intern at Queen's. This information will be used for the following purposes:

| <u>Education / Training</u> | <u>News Media</u> | <u>Queen's Internal PR / Promotional materials</u> |
|---|---|---|
| <input checked="" type="checkbox"/> Training of other clients and/or family members. Increasing awareness in the community | <input checked="" type="checkbox"/> Web-site and multi-media projects | <input checked="" type="checkbox"/> Advertisements |
| <input checked="" type="checkbox"/> Training physicians or other health care professionals | <input checked="" type="checkbox"/> Articles for publication or broadcast | <input checked="" type="checkbox"/> Brochures |
| <input checked="" type="checkbox"/> Educational publications; including newsletters, brochures, program needs, multi-media and program related website. | | <input checked="" type="checkbox"/> Queen's web-site |
| | | <input checked="" type="checkbox"/> Other Promotional Material _____ |
| Other (please explain use): _____. | | |

Unless otherwise revoked, this authorization will expire on the following date or event: _____.
If a date or event is not specified, this authorization will expire one year from the date of my signature below.

I understand that the following rules apply to this authorization:

- This authorization is voluntary. I understand that I can refuse to sign this authorization and Queen's will not condition my treatment on the signing of this authorization.
- I can revoke this authorization at any time by notifying, in writing, Queen's of my revocation. Upon receipt of my written revocation of authorization, Queen's will not permit further use or release of any recording or information in its possession, unless such use or release is compelled by law. The revocation will not apply to any publication or product, such as brochures, educational materials, promotional materials, that were already developed in reliance upon this authorization.
- The expiration date and any revocation do not apply to the use/disclosure of information already obtained under this authorization by Interviewer.

Furthermore, by executing this document, I hereby release Queen's, its staff and employees, from any and all claims and liability arising out of or resulting from the release, use, dissemination, disclosure or reproduction of any product from the interview, photograph, and/or video/audio recording.

Signature

Date

Print Name: _____