



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 Health System or its related entities (collectively called "Queen's") to permit: _____ (collectively called "Interviewer") to check all that apply:

___ Interview / Personal Story; ___ Photograph; ___ Film; ___ Video / digitally record; ___ Audio record; ___ (Other) me while at Queen's. This information will be used for the following purposes:

<p><u>Education / Training</u></p> <ul style="list-style-type: none"> • Training of other clients and/or family members, increasing awareness in the community • Training physicians or other health care professionals • Educational publications; including newsletters, brochures, program needs, multimedia and program related website 	<p><u>News Media</u></p> <ul style="list-style-type: none"> • Web-site and multi-media projects • Articles for publication or broadcast 	<p><u>Queen's Internal PR / Promotional Materials</u></p> <ul style="list-style-type: none"> • Advertisements • Brochures • Queen's web-site • Other Promotional Material
<p><u>Other (please explain use):</u></p>		

CONTINUE TO NEXT PAGE (if printed, continue to back of the form).



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: _____

(If interviewer is under 18 years of age, parent/guardian is required to sign below):

Signature of Parent/Guardian

Date

Print Name: _____