CHOC Children's

PATIENT CONSENT TO PHOTOGRAPH AND AUTHORIZATION FOR USE OR DISCLOSURE

Patient's Name: ______________________________ Patient's Date of Birth: __________

Patient's Medical Record Number (if known): ____________________________________

CONSENT TO PHOTOGRAPH \ AUTHORIZATION FOR USE OR DISCLOSURE

I hereby consent to myself/my child being photographed while at the hospital. The term "photograph" includes video, still photography, and sound transmission, in digital or any other format, and any other means of recording or reproducing images and/or audio. I hereby authorize the use of the photograph(s) by, or disclosure of the photograph(s) to:

- ❑ Children's Hospital of Orange County and its affiliates ("CHOC Children's")
- ❑ Any and all entities including, without limitation, the newspaper, television, radio, internet, and brochures, even if not specifically associated with CHOC marketing.
- ❑ Other (complete information):____

(Persons/Organizations authorized to receive information)

________ **INITIAL** In addition to the use and disclosure of photographs mentioned above, my initials hereby authorize CHOC Children's to use and disclose information, including diagnosis, physician's name, medical history, treatment, and demographic information to the Person(s) /Organization(s) mentioned above.

PURPOSE

I hereby authorize the use or disclosure of the photograph(s) for all purposes including marketing/public relations, fundraising, news media, research, education, and my treatment, unless specified below.

- ❑ I DO NOT authorize the following uses:

____

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EXPIRATION

This Authorization expires only upon revocation.

SIGNATURE

Date:______________________________ Time: _________________________AM / PM

Signature: ____

(patient/representative/spouse/financially responsible party)

Print Name: ____

(patient/representative/spouse/financially responsible party)

If signed by someone other than patient, indicate relationship to the patient:______________

CHOC Children's

MY RIGHTS

- I may request cessation of filming or recording at any time.
- I may revoke this Authorization, but I must do so in writing and submit it to the following address: CHOC Children's, 1201 West La Veta Ave., Orange, CA 92868, Attention: Public Relations Department.
- My revocation will take effect upon receipt, except that photographs already released in good-faith reliance upon this Authorization will not be recalled.
- I may inspect or obtain a copy of the photograph whose use or disclosure I am authorizing, upon request.
- I may refuse to sign this Authorization. My refusal will not affect my/my child's ability to obtain treatment or payment or eligibility for benefits.
- I have a right to receive a copy of this Authorization, upon request.
- Information disclosed pursuant to this Authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not protected by California law and may no longer be protected by federal confidentiality law (HIPAA).
- I understand that I will not receive any financial compensation and I hereby waive any right to compensation for the foregoing uses, even if the authorized party(ies) releasing the photograph receive compensation for such photos.
- I waive any liability and hold CHOC Children's harmless from any injury which may result from participation in the photography production.
- I and my successors or assigns hereby hold the hospital, its employees, physician(s), agents, and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

CHOC Children's complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
CHOC Children's cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-714-509-3200 (TTY 711)