

Consent to Photograph/Interview/Record

(For Marketing and Media Relations)

(Please Print)

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

I grant permission to employees, associates, or designated agents of Spartanburg Regional Health Services District, Inc. ("SRHS") to:

☐ Photograph (including digital images) ☐ Interview ☐ Audio Record ☐ Videotape/Film ☐ Identify

me or my minor child(ren) for whom I am the legal guardian for the purpose of (check all that apply):

☐ Education and teaching programs

☐ Internal and/or external marketing and public relations events and/or campaigns

☐ Media relations or press releases

☐ The SRHS website or those of its affiliates and/or social media (e.g. Facebook, Twitter, YouTube, etc.)

☐ Other: _____

- I understand that my name/photograph/interview/video/film/recording (hereinafter collectively referred to as "image") may be utilized for the purpose(s) designated. I also understand this Consent gives SRHS the right to choose how the image will be used, reproduced and published including but not limited to print publications, television programs, radio broadcasts, internal and external signage, educational materials, email notices and digital media websites.
- I have been advised and understand that the image may contain Protected Health Information (PHI) such as name, age, voice/ audio, medical condition, diagnoses and treatment, which is protected under the privacy and confidentiality regulations of the Health Insurance Portability and Accountability Act (HIPAA). I grant SRHS permission to use my PHI fundamental to the purpose(s) designated. I understand that by signing this form I also give my physician permission to discuss my case. I have been advised that I have a right to request a copy of the image prior to publication or broadcast and that I have the right to revoke my consent for images taken by SRHS at any time. If consent is revoked SRHS will no longer use images moving forward. However, images from past documents will not be removed.
- I understand that SRHS will not sell or trade my image. I accept that SRHS cannot protect my image and that once published or broadcasted, it may be available for others to view or disseminate.
- I understand my permission does not give me a right to any compensation, treatment, enrollment or eligibility for any benefits. I affirmatively waive any and all rights in and ownership to the image provided it is used for the intended purpose(s).
- Harmless officers, directors, trustees, employees, associates or designated agents of SRHS from any and all liability or publicity that may arise from creating, using or releasing my image. I will not claim invasion of privacy, misuse or my image or other damages as a result of the use or release of my image by SRHS.

I am giving this permission freely and I understand this Consent will remain effective for the purpose(s) designated until withdrawn by one of the following methods:

- By written notification to SRHS, Attn: Marketing Department, Media Relations, 101 East Wood Street, Spartanburg, SC 29303.
- By calling the Marketing Department at 864-560-6833 and verbally withdrawing my Consent. The withdrawal of this Consent shall be effective upon receipt but shall not impact any image disclosed prior thereto.

I understand I may refuse to sign this Consent and that my refusal shall have no influence whatsoever on the medical care I receive.

Printed Name (Individual, Parent, Legal Representative)

Signature (Individual, Parent, Legal Representative)

Relationship to Individual if a Minor

