

Photograph · Film · Interview
Authorization

I, _____ (patient/client/staff name), authorize
_____ (photographer/interviewer) from
_____ (organization) to photograph me at
_____ (location, including city and state), and I agree
that they may use the prints for the purpose of Marketing and Public Relations effective
for the time period unlimited. I understand that I shall receive no financial compensation
for use of my words or likeness.

(Patient, Parent, Legal Guardian, Staff)

(Witness)

(Date)

Original: Patient's Medical Record
Copy: Marketing Department
085/01-07/50