

AULTMAN
CONSENT FOR PHOTO,
VIDEO OR SOUND RECORDING

My name is (or I am the legal representative, guardian or parent of) _____. I am (or he/she is) a patient at, or visitor to Aultman Hospital or one of its related entities ("Aultman"). I give my permission to Aultman (or _____) to take still or moving pictures and to make audio recordings of me (or my child or ward) during the time period from _____ to _____ while I am (or he/she is) present at Aultman.

I understand that these images, moving pictures and audio recordings may be (1) associated with my name (or the name of the person for whom I am the legal representative, guardian or parent) and (2) used and reused by Aultman or any of its related companies for: medical documentation, research and/or education; public relations; electronic or paper publication; marketing or any other legal purpose. I also understand that I can request the process of filming, videotaping or audio recording to stop at any time.

I understand that no medical care of any patient is dependent on my agreement to this process, and that I am free to refuse. Further, I understand that once images, moving pictures and/or audio recordings are disclosed outside of the Aultman setting, they may no longer be protected by federal privacy laws.

I understand that I can withdraw my consent for the use of images, moving pictures and audio recordings as long as I do so prior to 72 hours before the date/time of use. I also understand that there may be situations where this is not feasible or even possible, such as (for example): (1) when the intended use is less than 72 hours after the recording is made or pictures taken, or (2) Aultman has expended considerable time and/or expense in reliance on this consent.

I promise not to file a lawsuit against any Aultman Health Foundation entity or any of its employees, directors or agents, or hold any of them responsible for properly and in good faith doing any of the things above for which I have freely given my permission.

I have read and understand this form.

Name: _____ Date/Time: _____

Witness: _____ Date/Time: _____

CONSENTS