



Consent for
Photography, Videotaping, Audiotaping and Interviewing
for Marketing, Media, Education, or Performance Improvement Purposes

Name (print)
Address
Home Phone Cell Phone Work Phone
Current Patient? Yes No

I hereby give my consent to Kalispell Regional Healthcare and/or its affiliates\* (collectively, "KRH") to:

- Take photographs, videotaped images or other images of me
Take photographs, videotaped images or other images of my child(ren).
Name(s):
Interview me (and/or my children as indicated above) and my health care providers and take written notes
Make audio recordings of my interview

GENERAL TERMS:

- I understand that the photographs, audiotapes, videotapes or interviews taken for marketing, or publicity purposes may be used for publications and/or broadcast by the media, for public affairs purposes, including publications, advertisements, displays and/or placement on the KRH's website.
I hereby waive all rights that I may have to any claims for payment or royalties in connection with the use of these photographs, audiotapes, videotapes and interviews, and agree that these shall at all times be the property of KRH or the media representative present.

FOR PATIENTS WHO ARE CONSENTING TO THE DISCLOSURE OF PROTECTED HEALTH INFORMATION:

- I acknowledge that by signing this Consent, I am consenting to the taking, use and disclosure of photographs, audiotapes, videotapes or interviews that may contain my protected health information (PHI).
I understand that all photographs, audiotapes, videotapes and interviews taken for purposes of education and/or performance improvement that contain PHI will be maintained in a protected and secure manner with access restricted to the minimum necessary to carry out the aforesaid functions.
This Consent, as it relates to the disclosure of PHI, will expire six (6) months from the date it is signed, unless I notify the KRH Marketing department in writing that it will expire on an earlier date. This Consent may be revoked by me at any time in writing to the KRH Marketing Department, 310 Sunnyview Lane, Kalispell, MT 59901, except to the extent that action has already been taken to release this information. KRH will not refuse to treat me based on whether I agree to allow my PHI to be used or disclosed.

RELEASE:

I hereby release KRH or any of its affiliates, employees or agents from all liability claims, including but not limited to, any claims for libel or invasion of privacy, directly or indirectly connected with, arising out of, or resulting from, the authorized taking, use, and disclosure of photographs, audiotapes, videotapes, and interviews.

Signature/Legal Representative

Date

Witness

Date

FOR OFFICE USE ONLY

Send all Consent forms to KRH Marketing. If Consent is from a patient, Marketing will send a copy to HIM for inclusion in the patient's medical record.

Marketing action: