



## Consent to Photograph, Film, or Interview & Authorization for Publication for Virginia Garcia Memorial Health Center & Foundation

### Section 1: For Subject of Photograph/Film/Interview *(Parent or Guardian for Minors)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Subject is a: Patient  Volunteer  Visitor  Staff Member  Other: \_\_\_\_\_

I consent and authorize Virginia Garcia Memorial Health Center (VGMHC), representatives of the news media, public relations or other groups to photograph, film, video record, voice record, and/or interview me and the following people for whom I am a legal representative:

Name(s) of People

Relationship to Subject

\_\_\_\_\_

\_\_\_\_\_

I authorize the use and disclosure of my pictures, information and shared testimony for publication, education, broadcast, or in promotional activities. I understand that VGMHC is not responsible for the final form in which this information appears and that I will not receive compensation.

### Section 2: Your Rights

- Parent/Guardian signature is required for minors, unless minor is legally considered an adult.
- You may request a copy of this form.
- You can stop interviewing, filming or recording at any time.
- You may cancel this release by writing to: VGMHC Privacy Officer, PO Box 6149, Aloha, OR 97007
- Your cancellation will not apply to images or information already released.
- Patients: Refusal to sign this authorization will not affect your ability to obtain treatment.

**Subject Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section 3: Only For VGMHC Representative

Name Representative Providing Form: \_\_\_\_\_

Clinic or Location: \_\_\_\_\_

Description of subject/activities in photograph or video: \_\_\_\_\_

*Examples: little girl holding flower, mom and son smiling, etc*

Reason for photograph/recording/interview: \_\_\_\_\_

*Examples: Food bank, Website, Calendar, Patient Outreach*

**FOR FILING:** EMAIL A COPY TO [vg-medical-records@vgmhc.org](mailto:vg-medical-records@vgmhc.org) AND [kwoidyla@vgmhc.org](mailto:kwoidyla@vgmhc.org)