



Marketing Services
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CONSENT TO PHOTOGRAPH/FILM/RECORD AND/OR INTERVIEW

I consent to the taking, use, distribution, and publication of photographs of me for use by television, magazines, newspapers or other publications, print or electronic, while I receive or provide healthcare services at Penn Medicine or any of its affiliated hospital or facilities. I also give permission for the use of such photographs for the purpose of promoting the health, education and research objectives of Penn Medicine, its agents, employees, students and other health care providers. I understand the term "photograph" includes negative, slides, prints, videotapes, electronic imaging, or movies.

I consent to being interviewed by television, radio, magazines, newspapers, and other publications while I receive, or my child receives, healthcare services provided by Penn Medicine. I also give permission for the media to use any protected health information discussed and disclosed during such interview(s).

I understand that I may revoke this consent at any time, in writing, and that no further photographs or interviews of me will occur.

I understand Penn Medicine, its agents, employees, and other healthcare providers have no control over and are not responsible for: (1) the taking, use, distribution, publication or broadcast of any photograph of me; (2) the content of any broadcast, article or other publication arising out of, or related to, the information provided during my interview(s), pursuant to this authorization.

I agree to waive any payments, royalties or other compensation. I release the Trustees of the University of Pennsylvania, its agents, employees, and my attending physician(s) and any other persons providing health care services to me from any claims and any liability arising from or in connection with: (1) the taking, use, distribution, or publication of any photograph taken of me; and (2) the publication or broadcast of any information disclosed during any interview with the media, pursuant to this authorization.

Participant's name (printed)

Witness's name (printed)

Participant's signature

Date

Witness's signature

Date

Participant's Address:

Participant's Phone:

The Participant is unable to consent because

I therefore consent for the participant.

Consenter's name (printed)

Witness's name (printed)

Consenter's signature

Date

Witness's signature

Date

Relationship to participant

For Marketing Office Use Only

Topic: _____

Department: _____