



Consent for Use and Disclosure of Photograph, Video, Audio and Interviewing for Marketing and Fundraising Purposes

Name ("Individual") _____

Address: _____

Email: _____ Date of Birth: _____

I hereby give my consent to CHRISTUS to:

- Use the above Subject's name/information/likeness** concerning the Subject's hospitalization and/or condition or treatment and/or protected health information or other affiliation in connection with any publication, fundraising, advertising, marketing, education/research/scientific programs, publicity, education, or promotion (including but not limited to newspapers; television and/or radio broadcasts, books, brochures, magazines, motion pictures, and electronic media, including social media) in such manner and at such times and in such places, without restriction, as CHRISTUS in its sole discretion, shall determine.
- Use any quotation or comment made verbally, written, or electronically** by the above-named Subject and/or concerning the above-named Subject and such Subject's medical case or other hospital affiliation for purposes of publication, fundraising, advertising, marketing, education/research/scientific programs, publicity, education, or promotion, (including but not limited to newspapers, television and/or radio broadcasts, books, brochures, magazines, motion pictures, and electronic media, including social media) in such manner and at such times and in such places, without restriction, as CHRISTUS without restriction in its sole discretion, shall determine.
- Take photographs, films, audio and/or video tapes of me;** interview me, publish information about me, and use my likeness and information in any manner and at such times and in such places as CHRISTUS, without restriction in its sole discretion, shall determine.
- Take and reproduce pictures and videos** of the above-named person in connection with the diagnosis, care, and treatment (including surgical procedures) or departmental functions at any CHRISTUS facility or affiliated facility, for purposes of publication, fundraising, advertising, marketing, education/research/scientific programs, publicity, education, promotion, (including but not limited to newspapers, television, and/or radio broadcasts, books, brochures, magazines, motion pictures, and electronic media, including social media) in such manner and at such times and in such places, without restriction, as CHRISTUS, in its sole discretion, shall determine.
- Other: _____

I may revoke or cancel this consent by sending a letter that includes my name, address, and identifies my Materials to the:

- Privacy Department at CHRISTUS at privacy@christushealth.org.

I understand that revoking this consent will not affect any use of the Materials made before my revocation is received and processed, including any printed publications or displays in process at the time of revocation. Further, I understand that CHRISTUS may not condition treatment, payment, enrollment, or eligibility for services on whether I sign this consent.

I have read and understood the contents of this consent, and I sign below voluntarily.

CONSENT:

I agree to waive all rights to any claims for payment or royalties in connection with any Use regardless of whether such Use is for philanthropic, commercial, instructional, or private sponsorship, and irrespective of whether a fee is received or charged by CHRISTUS. I hereby consent and hold harmless CHRISTUS and any of its affiliates, employees, trustees or agents from all liability claims, directly or indirectly connected with, arising out of, or resulting from, the activities authorized by this Consent.

Signature

Printed Name

Date

Relationship to Patient

Home Phone

Cell Phone

Witness

Printed Name

Date

FOR INTERNAL USE ONLY

Send all Consent forms to relevant Marketing/Fundraising department. If Consent is from a patient, Marketing or Fundraising will send a copy to HIM for inclusion in the patient's medical record. Marketing/Fundraising action: _____