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*Patient/Employee/Subject*

I do hereby give my permission for Lawrence Health Services public relations department, other designated hospital officials, or employees of local/regional media to interview, photograph, and/or videotape me, as well as grant my permission for use of any quotation and comment made verbally or tape-recorded in regards to the following purpose.

Authorized use includes:	• Newsletters	• Brochures
• Video presentations	• Direct mail	• Web site
• Television	• Billboards/Signs	• Facebook
• Newspaper	• Internal education	• YouTube

I understand:

- This publicity will be seen by the public and I accept this visibility.
- This photograph and/or interview comments will not be used for any other purposes other than the one stated above without additional written consent.
- Such photographs shall remain the property of Lawrence Health Services.
- I waive any right to inspect or approve the finished product, or any material in which Lawrence Health Services may eventually use the photographs.
- I have the right to revoke this consent at any time, with reasonable notice prior to publication, by sending a written request to the Community Relations Coordinator at 1309 W. Main, Walnut Ridge, AR 72476. Such revocation shall not affect actions already taken and any distribution that has already taken place of my photograph.
- Information I disclose or photographs taken may be subject to re-disclosure by the recipient and may no longer be protected by Health Information Portability and Accountability Act.
- That I have a right to request and receive a copy of this consent.
- I understand that the photographs will not be used for treatment purposes and will not be kept as part of my medical records but that Lawrence Health Services will attempt to maintain the confidentiality of the photographs.

I have read the above information and have been given the opportunity to ask questions, which have been answered to my satisfaction. \_\_\_\_\_ (Initial)

I certify that this testimonial is given freely, without compensation or pressure of any kind. \_\_\_\_\_ (Initial)

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Signed

Date

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

Phone: \_\_\_\_\_

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Witness

Date