

Patient or Employee
(Please indicate the status of the undersigned)

Consent to Photograph, Video, or Audio Record

The undersigned (Subject) does hereby agree and authorize UAB Health System Operating Entities including UAB University Hospital; UAB Highlands, University of Alabama Health Services Foundation (HSF), The Kirklin Clinic and other HSF-owned and operated clinics; UAB Callahan Eye Hospital; and University of Alabama Ophthalmology Services Foundation and all respective employees, agents, directors, and trustees, hereafter known as "Health System" to photograph, video record, or audio record _____ while under the care or employment of a UAB Health System facility or clinic for the purposes of patient/staff identification, patient treatment, student/staff education, research, medical journal/publication, marketing by UAB Health System Marketing Communications. Uses for recordings may include but are not limited to; news releases, website content, printed marketing brochures, training/educational videos, or other authorized forms of organizational communication (internal or public) without compensation of any kind. Each communication may also reveal the name and identity of the undersigned in a descriptive text or commentary associated with any recording(s). The undersigned (Subject) and his or her heirs or next-of-kin do hereby relinquish all rights and privileges to all aforementioned negative(s), print(s), audio recording(s) and/or video recording(s) while relinquishing all current and future rights and interests for the purposes contemplated herein.

Signed on this the _____ Day of _____ in the year _____, at _____: _____ am / pm.

Signature of Subject or Legal Guardian

Print Name of Subject or Legal Guardian

Witness