UAB HEALTH SYSTEM

☐ Patient ☐ Employee ☐ Other: _____
(Please indicate the status of the undersigned)

# Consent to Photograph, Video, or Audio Record

I, the undersigned, agree and authorize UAB Health System Operating Entities including UAB Hospital, University of Alabama Health Services Foundation (HSF), The Kirklin Clinic of UAB Hospital, The Whitaker Clinic of UAB Hospital, The Kirklin Clinic of UAB Hospital at Acton Road, other UABHS/HSF-owned and operated clinics, UAB Callahan Eye Hospital and Clinics, 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 (check all that apply):

___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. Unless I am a patient, a communication may also reveal my name and identity in a descriptive text or commentary associated with any recording(s). To release any personally identifying health information about me as a patient, I will be asked to review and sign an Authorization for Use or Disclosure form rather than this form.

I, the undersigned, and my 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.

_____
Subject or Legal Guardian Signature

_____
Print Name of Subject or Legal Guardian

_____
Witness