



**AUTHORIZATION TO USE
PHOTOGRAPH OR AUDIOVIDEO RECORDING**



HRH 03000373
CRN 10667448848
Baker, Corlee A
10/25/1990 361 #
10/3/2020



Name

[Redacted Name]

Patient Yes No

Address

Street City State Zip

Phone

Email

[Redacted Phone] [Redacted Email]

Signature

(Patient / Patient Representative / Parent or Legal Guardian*)

Date

*For minors 17 and under, a parent or legal guardian's signature is required.

I give permission to Henry Ford Health System (HFHS) to tell my patient story, and/or to take my photograph and/or to be videotaped and/or have my voice recorded for these Public Relations or Marketing purposes.

- News media (e.g., newspapers, radio, TV, online media, etc.)
- Henry Ford internal news (e.g., HFHS Morning Post, OneHENRY, etc.)
- Henry Ford marketing and/or advertising (e.g., billboard, brochure, radio/TV commercials, etc.)
- Henry Ford patient and/or medical training (e.g., HFHS diabetic teaching guide, etc.)
- Henry Ford Internet and/or social media sites (e.g. HenryFord.com, Facebook, Twitter, Instagram, YouTube)

Assignment/Project:

PR/Marketing Representative:

I give permission to HFHS to use my photograph and/or video/audio recording for internal education, including quality improvement.

Department Representative: Dr. Okoroa

I give permission to HFHS to use my photograph and/or video/audio recording for external education.

Department Representative: Dr. Okoroa

I will not be paid by HFHS for use of my photograph or video/audio recording for any purpose. Signing this form will not affect my medical care. This signed form will be scanned to my electronic health record or sent to the HFHS Privacy and Security Office to be kept on file. If I change my mind about my patient story and/or my photograph, videotaping or audio recording, I must tell HFHS in writing at PrivacySecurity@hfhs.org. I know that even if I change my mind, HFHS cannot undo use of my patient story and/or photograph, videotaping, audio recording that already occurred.

If authorization is for quality improvement, or internal or external education, scan signed form to EPIC.
If authorization is for PR/Marketing purposes, send signed form to IPSD at 1 Ford Place

For IPSD Use Only

Received By _____ Date Received _____ Date Revoked _____
Comments _____