

If you are a Centura employee, please include all names by which you may be known to Centura. Please advise if you are planning a name change.

Hospital Staff/Visitor/Third Party Consent to be Recorded

Name: _____ (Please write legibly) **Facility and Department:** _____

Purpose of Use/Disclosure: (indicate all that apply)

- Publication in newspaper(s), magazine(s) or other publications
- Broadcast by radio or television Social Media (e.g., Facebook/Twitter/YouTube)
- Centura marketing and public relations materials/publications/websites/advertisements/videos
- Other: _____

By signing below, I grant to Centura Health and its affiliated facilities, agents, contractors, providers or associates (collectively, "Centura") the right to interview and/or take photographs of me. I understand that this consent includes, but is not be limited to, capturing video, audio, and digital images and any other mechanical means or medium of recording, preserving, and producing visual images and audio tape (hereinafter referred to as "Photographs" and "Interview Materials").

I acknowledge that the Photographs and Interview Materials created under this Consent will be the property of Centura or the designated third party. I understand that consenting to be photographed or interviewed is of no direct benefit to me. I waive any and all rights that I may have to any claims for payment or royalties in connection with the authorized use or disclosure of such Photographs or the Interview Materials, including the production, duplication, or publication thereof.

I, on behalf of myself and my heirs, representatives, and beneficiaries, agree to hold Centura and designated third parties who are involved in the production, duplication, publication or any other authorized use and/or disclosure of the Photographs and/or Interview Materials harmless from and against any claim for injury or compensation resulting from the taking of the Photograph or the Interview Materials or the authorized use or disclosure of such Photograph or Interview Materials.

I understand that, in the instance of external sources (such as media outlets or law enforcement agents) requesting permission to use the Photograph or Interview Materials, the Centura facility/entity is acting only as the intermediary, making it possible for the external source(s) to contact me.

I understand that:

1. This request is strictly voluntary and as such I may refuse to sign this consent. If I do refuse to sign this consent, I understand that I will not be photographed, filmed and/or interviewed. I further understand I can request to stop the taking of Photographs of me or interview at any time.
2. If I do not sign this consent, my employment/volunteer status/medical or AHP staff membership or privileges, as applicable, with Centura facilities will not be affected.
3. I may revoke this consent at any time in writing, except to the extent Centura has already taken action in reliance on this Consent.
4. I may receive a copy of this consent after I sign it, and if I request a copy.

Signature: _____ Date: _____

All official Centura Health policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.