NMC health®

PO Box 308 | Newton, KS 67114

Photo/Interview Consent & Release

I, _____, the undersigned or the legal parent/personal representative of the individual named below, grant Newton Healthcare Corporation (doing business as NMC Health) permission to use my likeness, words or healthcare experiences for purposes of education and/or public relations for NMC Health or for the news media. Such education and public relations purposes may include, but shall not be limited to, advertising, news media, internal/external communication, fundraising materials and/or digital content.

Through this signed form, I also give consent to be photographed and/or videotaped periodically for the purpose of documenting improvement through therapy or other treatment administered by medical professionals at NMC Health.

This authorization expires 10 years from the date I sign this authorization unless I decide to terminate this authorization through written notice to NMC Health. Although I may terminate my authorization at any time, my revocation may not be effective to the extent that authorized recipients have relied on protected health information already disclosed pursuant to this consent. I understand that my protected health information covered by this authorization may be subject to redisclosure by NMC Health and/or recipient(s).

I understand that my refusal to sign this authorization will not affect my ability to obtain treatment from NMC Health or my eligibility for benefits or insurance. I also understand that I have the right to inspect or copy any protected health information covered by this consent. I further agree that I release any claims in connection with and will not receive any financial remuneration for the use of my image, words or protected health information described herein.

I warrant that I am the undersigned or am the legal parent or personal representative of the individual identified. I warrant that I have read this consent, understand its contents and freely enter into this consent and release. I certify that I have been offered a copy of this release.

_____

Printed Name of Individual

_____ _____

Signature of Individual Date

_____ _____

Signature of Parent or Personal Representative of Individual Date

_____

Relationship of Personal Representative to Individual