

MaineHealth

Franklin Community Health Network, LincolnHealth, Maine Behavioral Healthcare, Maine Medical Center, Memorial Hospital, Waldo County General Hospital, Pen Bay Medical Center, Southern Maine Health Care, Western Maine Health, MaineHealth Care at Home, MaineHealth Accountable Care Organization, and NorDx. Affiliates of MaineHealth include MaineGeneral Health, Mid Coast-Parkview Health, New England Rehabilitation Hospital of Portland and St. Mary's Health System. www.mainehealth.org

PHOTOGRAPHY, RECORDING & INTERVIEWING AUTHORIZATION RELEASE

Primary purpose for authorization:

Summary: This form says that you give your permission to be photographed, filmed, or taped for medical education and/or promoting the activities of MaineHealth and its members, and that you give your permission for free and forever. This form protects your rights when you appear in media such as a photo, interview or videotape. It also protects the rights of the creator of the media, such as the writer or photographer. This form is only valid when you give permission on the basis of informed consent (you understand what you are agreeing to).

To assist MaineHealth in the areas of education, teaching and public information, you, the undersigned or authorized individual, authorize MaineHealth and its agents or employees to interview and/or record in any format (written, audio, video, still photography, web, multimedia and all future forms) the person named and/or his/her original work described below.

Furthermore, you hereby grant to MaineHealth exclusive rights in perpetuity to use and to authorize others to use in any print and electronic media (present and future formats) its choice of interviews and images, voice and likeness and to use the individual's name in connection therewith.

You also authorize MaineHealth to disclose demographic information, photographs, videotapes, or sound recordings to photographer/designer/advertising agency/writer in order for that person or media organization to interview, photograph, record or videotape you or the person covered under this authorization. You understand that you assume full responsibility for your participation in any of these activities.

You have the right to revoke this authorization at any time, except to the extent that action has been taken in reliance upon this authorization. If you do this, MaineHealth cannot control possible re-disclosure by others after original distribution. You must send a written revocation to the MaineHealth marketing department, 110 Free St., Portland, ME 04101.

Refusal to sign this agreement will not prevent you from receiving treatment at any MaineHealth member facility or receiving benefits for services provided by MaineHealth and its members. You do waive any rights to compensation in connection with the use of any information pursuant to this authorization.

This authorization is granted to MaineHealth, its agents and employees.

Today's date: _____

Full name: _____ DOB: ____/____/____

Please print

Street address: _____

City/state/zip code: _____

Mailing address: _____

Telephone number: (____) _____

Signature of subject (staff, patient/individual or parent/guardian):
