MARKETING CONSENT FOR PHOTOGRAPH, VIDEO, AUDIO RECORDING AND/OR INTERVIEW



Date and Time

(Note: For non-Marketing photo consents, use Medical Center Consent Form #030664, CONSENT TO PHOTOGRAPH AND/OR VIDEO.)

Printed Name

☐ Patient	Minor patient's parent or legal guardian, consenting on behalf of the patient	☐ Family/friend/visitor	☐ UVA employee or volunteer
Check either	A or B below or both, as appropriate:		
A I consent	t to photographs, videos, audio recordings and interviews	of myself or my minor child,	← Print Full Name
	r use to promote the services of UVA Health System and its vs may include the use of any electronic or audio recording media	_	
AdvertExternI understan	e the use of the photographs/videos/audio recordings/interviews ising (TV, radio, print, billboards, posters, magazine articles, onling all or internal UVA Strategic Relations and Marketing publications and that I have the right to withdraw my consent at any time before or duice the right to withdraw my consent at any time before or duice representative, and that any photos,	e) Social media posting or presentations (e.g., Vim & Viging the production of my photograp	or, Club Red, Connect, digital media) h, video or interview session with a
represen	s my or my minor child's medical condition and treatment statives and/or non-UVA persons (e.g., news media), for pr	omotion of services of UVA H	ealth System and its affiliated organizations.
l understar	non-UVA person or organization: nd that I have the right to withdraw my consent before my or my child's ca	re provider's discussion with UVA He	alth System representatives or non-UVA persons, by writing
I understar UVA Health understand that I ime before UVA H nterview informat provider, by contac ATTN Traffic/Produ f I am a patient or	nd that I have the right to withdraw my consent before my or my child's can System, Strategic Relations and Marketing, ATTN Traffic/Production, PO I also have the right to withdraw either of the above consents at any ealth System uses or discloses my or my child's photograph/video or tion or information provided in a discussion with my or my child's care citing in writing: UVA Health System, Strategic Relations and Marketing, ction, PO Box 800224, Charlottesville, VA 22908-0224.	re provider's discussion with UVA He Box 800224, Charlottesville, VA 2290 Photographs, videos and/or in representatives by care provic Relations and Marketing depa consents will expire in 25 yea I understand that UVA has no taken by or provided to extern	alth System representatives or non-UVA persons, by writing 3-0224. Interviews taken by UVA and information provided to UVA ler(s) will be stored by the UVA Health System Strategic artment and will be destroyed when no longer needed. The rs. control over use of interviews and footage or information hal news media, or posted on their social media. I also
I understar UVA Health understand that I ime before UVA H nterview informat orovider, by contac ATTN Traffic/Produ f I am a patient or medical care is not f I am a patient or	nd that I have the right to withdraw my consent before my or my child's can System, Strategic Relations and Marketing, ATTN Traffic/Production, PO I also have the right to withdraw either of the above consents at any ealth System uses or discloses my or my child's photograph/video or tion or information provided in a discussion with my or my child's care ting in writing: UVA Health System, Strategic Relations and Marketing, ction, PO Box 800224, Charlottesville, VA 22908-0224.	re provider's discussion with UVA He Box 800224, Charlottesville, VA 2290 Photographs, videos and/or in representatives by care provic Relations and Marketing depa consents will expire in 25 yea I understand that UVA has no taken by or provided to extern understand that if patient pho	alth System representatives or non-UVA persons, by writing 3-0224. Interviews taken by UVA and information provided to UVA ler(s) will be stored by the UVA Health System Strategic artment and will be destroyed when no longer needed. The rs. control over use of interviews and footage or information hal news media, or posted on their social media. I also obtos, videos or other images or patient information are
I understan UVA Health understand that I time before UVA H nterview informat provider, by contac ATTN Traffic/Produ If I am a patient or medical care is not if I am a patient or do not release me	also have the right to withdraw my consent before my or my child's can system, Strategic Relations and Marketing, ATTN Traffic/Production, PO I also have the right to withdraw either of the above consents at any ealth System uses or discloses my or my child's photograph/video or tion or information provided in a discussion with my or my child's care ting in writing: UVA Health System, Strategic Relations and Marketing, ction, PO Box 800224, Charlottesville, VA 22908-0224. the parent or guardian of the patient, I understand that the patient's dependent upon my signing these consents.	 Photographs, videos and/or in representatives by care provice Relations and Marketing depactors will expire in 25 yea I understand that UVA has no taken by or provided to extern understand that if patient phidisclosed outside UVA Medicalaws. 	alth System representatives or non-UVA persons, by writing 3-0224. Interviews taken by UVA and information provided to UVA ler(s) will be stored by the UVA Health System Strategic artment and will be destroyed when no longer needed. The rs. control over use of interviews and footage or information hal news media, or posted on their social media. I also otos, videos or other images or patient information are I Center, they may no longer be protected by federal privace of the minor patient named above. I have read or ha
I understar UVA Health understand that I ime before UVA H nterview informat orovider, by contact ITN Traffic/Produ f I am a patient or nedical care is not f I am a patient or do not release me GNATURE: By ha	also have the right to withdraw my consent before my or my child's can System, Strategic Relations and Marketing, ATTN Traffic/Production, PO I also have the right to withdraw either of the above consents at any ealth System uses or discloses my or my child's photograph/video or tion or information provided in a discussion with my or my child's careting in writing: UVA Health System, Strategic Relations and Marketing, ction, PO Box 800224, Charlottesville, VA 22908-0224. The parent or guardian of the patient, I understand that the patient's dependent upon my signing these consents. The parent or guardian of the patient, I understand that these consents from my financial obligations with UVA Health System.	 Photographs, videos and/or in representatives by care provice Relations and Marketing depactors will expire in 25 yea I understand that UVA has no taken by or provided to extern understand that if patient phidisclosed outside UVA Medicalaws. 	alth System representatives or non-UVA persons, by writing 8-0224. Interviews taken by UVA and information provided to UVA ler(s) will be stored by the UVA Health System Strategic artment and will be destroyed when no longer needed. The rs. control over use of interviews and footage or information hal news media, or posted on their social media. I also otos, videos or other images or patient information are I Center, they may no longer be protected by federal privace of the minor patient named above. I have read or ha
I understar UVA Health I understand that I time before UVA H interview informat provider, by contac ATTN Traffic/Produ If I am a patient or medical care is not If I am a patient or do not release me GNATURE: By ha inted Name ddress of Person VA STRATEGIO	also have the right to withdraw my consent before my or my child's can System, Strategic Relations and Marketing, ATTN Traffic/Production, PO I also have the right to withdraw either of the above consents at any ealth System uses or discloses my or my child's photograph/video or tion or information provided in a discussion with my or my child's careting in writing: UVA Health System, Strategic Relations and Marketing, ction, PO Box 800224, Charlottesville, VA 22908-0224. The parent or guardian of the patient, I understand that the patient's dependent upon my signing these consents. The parent or guardian of the patient, I understand that these consents from my financial obligations with UVA Health System.	Photographs, videos and/or in representatives by care provice Relations and Marketing depactors will expire in 25 yea I understand that UVA has no taken by or provided to extern understand that if patient phodisclosed outside UVA Medicalaws. I was parent or legal guardian o ask questions and all of my questions.	alth System representatives or non-UVA persons, by writing 8-0224. Interviews taken by UVA and information provided to UVA ler(s) will be stored by the UVA Health System Strategic artment and will be destroyed when no longer needed. The rs. control over use of interviews and footage or information hal news media, or posted on their social media. I also otos, videos or other images or patient information are I Center, they may no longer be protected by federal privace of the minor patient named above. I have read or ha estions have been answered. Date and Time ormation stated on this form. The person giving conse

Signature of Interpreter/Cyracom ID #