

**Authorization and Consent
To Photograph and Publish
Under Circumstances Where
Domestic Violence Is An Issue**

The undersigned hereby authorized [hospital] _____
("hospital") and my physician(s) to photograph or permit other persons to photograph [name of patient]:
_____ while under the care of he hospital. The
undersigned agrees that the hospital and my physician(s) may use and permit other persons to use the
negatives and prints prepared from such photographs where the circumstances of the patient's
presentation to the hospital indicate that the patient may be a victim of domestic violence and/or where
the patient states that he or she is such a victim. The undersigned agrees that the photographs may be
used to provide information to police agencies, to supplement the patient's record, as well as for staff
educational purposes and that such use in subject only to the following limitations: _____

The undersigned has entered into this agreement for the above reasons and hereby waives any right to
compensation for these uses by reason of the foregoing authorizations, and the undersigned and his or
her successors or assigns hereby hold the hospital, its employees, my physician(s), and any other
person participating in my care and their successors and assigns harmless from and against any claim
for injury or compensation resulting from the activities authorized by this agreement.

The term "photograph", as used in this agreement, shall mean motion picture or still photography in any
format, as well as videotape, videodisc, and any other mechanical means of recording and reproducing
images.

Date: _____ Time: _____ A.M./P.M.

Signature: _____
[patient/parent/conservator/guardian]

If signed by other than patient, indicate relationship: _____

Witness: _____
Signature Name (print)

