

Consent to Photograph or Videotape

Please note that this consent form must be signed **before** photography or filming begins.

The undersigned hereby authorizes Cottage Health System and/or the attending physician to photograph or permit other persons to photograph

_____ (patient's name). The undersigned agrees that Cottage Health System and/or the attending physician may use and permit other persons to use the negatives, photographs or film for purposes including, but not limited to, dissemination to hospital staff, physicians, health professionals and members of the public for educational, research, scientific, marketing, and/or charitable purposes. This photography/filming is intended for the following circumstances:

Dissemination of the photography/filming may be accomplished in any manner and such use is subject only to the following limitations:

The undersigned and his/her successors hereby waives any right to compensations for such uses and holds Cottage Health System and/or the attending physician and their successors harmless from 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, as well as videotape, video disc, electronic, audio media and any other mechanical means of recording and reproducing images or voice.

At any time during the photography or filming, the undersigned has the right to request cessation of such activity and has the right to rescind consent for use up until a reasonable time before the recording or film is used by contacting the public affairs department, (805) 879-8980.

Time/Date _____ Signed _____

Location _____ Witness _____

ADDRESSOGRAPH



**CONSENT TO
PHOTOGRAPH OR
VIDEOTAPE**