



(Please Print)

Name: _____
Last First Middle

Patient Visitor Employee Other (specify) _____

I hereby give consent to St. Mary's Medical Center to take moving and/or still photographs and/or sound/video recordings for any and all educational, marketing, and/or patient care purposes that the hospital may deem proper of (check appropriate person):

Myself Son Daughter
 Other individual for whom I am authorized to provide consent.

Made on (date pictures taken): _____

Used for: _____

I understand that these photographs and/or sound/video recordings will be used on behalf of St. Mary's Medical Center for the above stated purposes. I further relinquish all right, title and interest in said moving and/or still photographs and sound/video recordings.

I also state that I have signed this form **PRIOR** to the taking of any photographs and/or sound/video recordings.

Participant's Signature: _____ Date: _____

Witness Signature: _____

St. Mary's Medical Center Marketing and Community Relations
2900 First Ave – Huntington, WV – 25702 (304) 526-1525



AUTHORIZATION TO PHOTOGRAPH

SMMC: 17-82
Adopted Date:
Revised Date: 11/04
Reviewed Date:

«LastName» , «FirstName»
«PatientNumber» / «AdmitDate»
«Gender» / «BirthDate»
«PatientAddress1» / «AttendingDoctorName»
«Room» / «MedicalRecordNumber»