



Consent for Media and/or Audio/Visual Recording

I hereby consent for _____ to be:
(name of Participant, myself)

- Photographed
- Audiotaped
- Videotaped
- Other; specify _____

on the following date(s): _____

I understand that the resulting photographs, audiotape, videotape or other specified medium will be used for the following purpose: _____

Signature of Participant/POA/Guardian

Participant's Current Status
Within HHHS (Staff, Visitor, Patient, Resident etc.)

Date

Witness

Date