



PHOTO AND MEDIA RELEASE - 2022

1. I, on my own behalf or as a representative legally authorized to act on behalf of the individual listed above, hereby consent to Ascension and its hospitals, affiliates, subsidiaries employees ("Ascension") or a third party under the direction of Ascension interviewing, recording, photographing, videotaping or filming me and/or my property.
2. I, on my own behalf or as a representative legally authorized to act on behalf of the individual listed above, hereby consent to Ascension using images and recordings taken by a non-affiliated Ascension entity, such as local news media, and provided to Ascension for its use which relate to: care I or my family or friends have received at an Ascension facility, my participation in an Ascension-sponsored activity, and/or my work as an associate or provider with Ascension.
3. I understand that the purpose of the use or release of the images/recordings will be for education, marketing or public relations purposes and may be made public through education, marketing and public relations efforts for commercial or noncommercial publications, exhibits, and/or on the intranet and internet.
4. I understand and agree that any photographic or video image, media interview, or written quotations or summary from the media interview may be used, published, produced and released in any media form, including, but not limited to, internet, newspaper, television, radio and/or marketing materials, in whole or in part, with such alterations and changes as Ascension desires, and that the images or interview may appear separately or with my name as included in this Authorization.
5. I understand that this consent is for the use of my image, name, and information that I provide when photographed, videotaped, filmed, or recorded. I understand that if an Ascension representative intends to disclose additional information about my medical care related to the use or release of the images and/or recordings, I will be asked to sign a separate HIPAA authorization.
6. I agree that all pictures, reproductions, negatives, recordings of any kind relating to the images, and materials relating to images and/or records are and shall remain, the property of Ascension and its agents to whom permission has been granted. If I receive any print negative, recording or other copy, I will not authorize anyone else to use it.
7. I agree that no advertisement, photograph or other material need be submitted to me for approval, and Ascension shall be without liability to me for any distortion or illusionary effect resulting from the publication of my video, picture, portrait, likeness, or comments.
8. I understand that signing this Authorization does not obligate Ascension to make use of any photographic or video images or media interviews.
9. I understand that this Authorization can be revoked by me at any time by submitting a written request to Ascension Marketing & Communications, 4600 Edmundson Road, St. Louis, MO 63134.
10. I understand that my revocation will not apply in those instances in which Ascension has acted upon this Authorization prior to the revocation being received by Ascension.
11. I hereby release and discharge Ascension from any and all claims, actions, and demands arising out of or in connection with the use of any photographic or video images or media interviews without limitation.
12. This Authorization will expire on _____. If no specific date is indicated, this Authorization will expire in ten (10) years.

If I am a patient, I understand that Ascension cannot require me to sign this Authorization as a condition of providing treatment to me or my minor child or obtaining payment for treatment.

If I am an Ascension associate, I understand that my signing this Authorization is voluntary, not a requirement of my employment at Ascension, and that I will not face any repercussions on my employment status if I so choose not to sign this Authorization.