

Carolinas Hospital System
Florence, South Carolina
Photography/Media Consent Form

I hereby consent and authorize Carolinas Hospital System and the attending physician to photograph/videotape/film or permit other persons to photograph/videotape/film:

(State what in Laymen's Terms)

while under the care of the above named institution, and agree that Carolinas Hospital System can use or permit other persons to use the negatives, prints, or tapes prepared therefrom for such purposes and in such a manner as may be deemed necessary.

Publicity/promotion to include publication in newspapers, magazines, marketing brochures or other printed media; for public service announcements and news stories through electronic media (television, radio or hospital website), or for displays.

Charitable goals

Education to include professional training and in-service programs for hospital and other care providers.

At the patient's request for _____

At the request of Police and/or DSS.

Treatment

Research

Scientific

I further agree to hold Carolinas Hospital System, its physicians and staff free and harmless from any and all liability or ill effects that might arise from the use of such information.

(Date/Time)

(Patient/Physician/Staff/Guardian Signature)

(Date/Time)

(Witness)