



Non-Patient Consent to Photograph, Video, Record and Interview

I, the undersigned, hereby give my consent to Baylor Scott & White Health, its affiliates, assigns, contractors and employees and members of its/their medical and allied health staffs (collectively, "BSWH") to be photographed, videotaped, recorded and interviewed by BSWH representatives, news media representatives, production companies, advertising agencies and any other individual or entity for use by BSWH for the purposes of education, promotion, advertising, publication and distribution, both within and outside BSWH, including at professional meetings, symposiums, poster sessions and other events, in any and all media, including but not limited to newspapers, television, radio, magazines, advertising, BSWH publications or video productions, the Internet, social media websites, and professional medical or healthcare journals. I recognize that the precise manner in which the photograph, video, recording and interview may be used will be determined solely by the aforesaid media and that BSWH has no control over or responsibility for the use of such photograph, video, recording and interview. I acknowledge that this Consent shall be effective from the date of signature until revoked and shall include any and all photographs, videos, recordings or interviews obtained during such period of time and any and all uses made of such photographs, videos, recordings or interviews during such period of time. I understand that I may revoke this consent by providing the BSWH Office of Corporate Compliance, 2001 Bryan Street, Suite 2200, Dallas, TX, 75201, a written request stating my intent to revoke the consent.

I acknowledge that this Consent is not a commitment by BSWH to use the photograph, video, recording or interview obtained with this Consent and that BSWH reserves the right not to use the photograph, video, recording or interview. I hereby relinquish any right, title or interest in such photographs, videos, recordings or interviews, and to any control over their use, and to any proceeds that may arise therefrom. I acknowledge that I will not receive any compensation for such photographs, videos, recordings or interviews. I hereby release and forever discharge and agree to hold harmless BSWH from any and all liability arising from the photograph, video, recording or interview and/or any use by BSWH of the photograph, video, recording or interview.

I also acknowledge that BSWH may conduct a background check on me using publicly available records.

Print Name _____ Date of Birth _____
Person Photographed, Videoed, Recorded, Interviewed

Street Address _____ City _____ State _____ ZIP _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email Address _____

Signature _____ Date: _____ Time: _____ A.M. / P.M.
Person Photographed, Videoed, Recorded, Interviewed or Legally Authorized Representative

Printed Name of Legally Authorized Representative _____

Relationship _____

BSWH Facility/Department Baylor Scott & White Central Texas Foundation Room Number _____

BSWH Representative _____
Print Name Signature Phone

Marketing & Public Relations Representative (if applicable) _____ Date _____
Print Name

FOR INTERNAL USE ONLY

Media Outlet/Representation _____

Purpose/Information Release _____

Patient's Physician/Spokesperson _____ Title _____