

## McLaren Medical Group Consent to Photograph and Publish

The undersigned hereby authorizes McLaren Medical Group (MMG) to photograph or permit other persons to photograph/interview (name of patient) \_\_\_\_\_ while under the care of their MMG physician.

The undersigned agrees that MMG may use and permit other persons to use the negatives or prints prepared from such photographs and/or the information derived from the interview for the purposes and manner as they may deem appropriate. The undersigned agrees the photographs/story may be used for purposes including, but not limited to, dissemination to MMG staff, physicians, health professionals, and members of the public for educational, treatment, research, scientific, public relations, and charitable purposes and that such dissemination may be accomplished in any manner and that such use is subject only to the following limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned has entered into this agreement in order to assist scientific treatment, education, public relations, and/or charitable goals and hereby waives any right to compensation for these uses by reason of the foregoing authorizations, and the undersigned and his or her successors or assigns hereby hold MMG, its employees, physician(s), and any other person participating in my care and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term "photograph," as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc, and any other means of recording and reproducing images.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Signature: (patient/parent/guardian) \_\_\_\_\_

If signed by other than patient, indicate relationship: \_\_\_\_\_

Witness: \_\_\_\_\_