



**Information to Release Health Information  
for Marketing Communications**

I hereby authorize Henry County Medical Center and all its entities, to procure maintain and distribute photographs, video and/or voice recordings of me for use in promotional and/or educational materials. I understand that I have no rights to inspect or approve the finished materials or final product. I further understand that I have no property right to any of the photographs or video/voice recordings taken of myself and that I will not be compensated for such items.

By signing this form, I hereby release Henry County Medical Center, from any liability associated with the procurement, maintenance and distribution of me or my likeness in any photograph, video or voice recording. This permission will remain in force until I withdraw it in writing delivered to the Henry County Medical Center’s Marketing Department and any uses or distributions prior to such a withdrawal, including, but not limited to, an ongoing advertising campaign, will continue. I understand that signing or not signing this document will not affect the medical treatment or other services that I receive in any way.

Name (please print): \_\_\_\_\_  
 Patient       Partner       Visitor

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature\*\* \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*\*In case of minor, I hereby individually and as  Father  Mother  Guardian of the above, consent to the foregoing.**

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

---

***Marketing and Public Relations Departmental Use Only***

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Job No.: \_\_\_\_\_

Description: \_\_\_\_\_ Intended Use: \_\_\_\_\_

Requested by: \_\_\_\_\_ Photographer: \_\_\_\_\_