



Patient Image Consent (Non-Treatment Purposes)

I hereby consent for myself and my child named below, who is a patient (“Patient”), to have photographs, video recordings, print and digital media and images, published and republished content, or any other content of the features or likeness made of me and/or Patient (the “Image(s)”) by Cook Children’s Health Care System, its affiliates, any other media outlet(s), membership or community organizations and vendors providing services in relation hereto (collectively “Cook Children’s”) for the purpose (“Purpose”) indicated below. I, on behalf of myself and Patient, consent to the use and release of the Images for any of the following Purposes, as indicated by my initials:

Initials

- The Images may be used and released by Cook Children’s and/or any other media outlet, membership or community organization and/or vendor toward the advancement of medical science, education (including lectures and presentations and patient educational materials), and/or publications (i.e. journals and books).
- The Images may be used and released by Cook Children’s for internal and external media use, publicity, promotion, advertising, marketing and/or fundraising for Cook Children’s, and/or any other purpose as stated above.
- The Image(s) may appear indefinitely on any online social media forum or other print and/or multimedia forum, and other participants on social and/or digital media channels may use the Image(s) beyond the control of Cook Children’s.
- The Image(s) to be used as deemed appropriate by Cook Children’s, including television, radio, broadcast, news releases, print, Internet websites, wikis and/or blogs, all social media platforms (i.e., Facebook, Twitter, Instagram, Periscope etc.), whether known or unknown, or any other means.

I understand that before the Image(s) can be used for any purpose other than treatment, payment, or health care operations, I must sign a separate HIPAA-compliant Authorization to Release Protected Health Information (“PHI”) Form.

Upon execution of the HIPAA-compliant Authorization, I, on behalf of myself and child:

- Release all rights to all Image(s) created and prepared, and release Cook Children’s, its successors, assigns, officers, directors, employees, agents and/or other representatives from any claims, expenses (including attorneys’ fees) and liabilities resulting from the production, authorized use or release of the Image(s);
- Grant Cook Children’s a non-exclusive, royalty-free, freely sub-licensable, perpetual and worldwide license to use the Image(s), including the right to copy, distribute, transmit, display, reproduce, republish, promote, sell, market, advertise, edit, translate and reformat and incorporate into a collective work or digital, print, and/or online media campaign (viral or otherwise); and
- Grant to Cook Children’s the right to grant permission to other people to publicly display the Image(s), including allowing others on digital, print and/or social media to display, post, repost, follow, comment, like, share, favorite, retweet or the like in relation to the Image(s) of my child. I understand that Cook Children’s does not have the ability to intercept or otherwise remove the Image(s) from any web, print, digital or other media presence owned by another entity.

I understand that the Image of Patient is intended for public viewing, and I consent to the use of and release of Patient’s identity. I will not be compensated by Cook Children’s, the physician or any other person or entity for use of the Image(s). I have read and understand the statements contained in this Consent. I understand that Cook Children’s will provide me a copy of this signed Consent upon request.

Patient Name	Date of Birth
Printed Name of Parent/Legally Authorized Representative	Address
Email & Telephone Number	City/State/Zip
Signature of Patient/Parent/Legally Authorized Representative	Date/Time

Note: When required by Cook Children’s policy, a copy of the Patient Image Consent (Non-Treatment Purposes) shall be placed in the patient medical record. The Authorization to Release Protected Health Information (“PHI”) Form must be completed if any PHI including a patient-identifiable photograph or video or audio recording will be released to a person or entity outside of Cook Children’s or within Cook Children’s for purposes other than treatment, payment or healthcare operations.