



MEDIA CONSENT

I hereby grant this Generations Healthcare facility authorization to produce and use/disclose the specified forms of media. Media shall mean motion picture or still photography in any format, as well as videotape, video disc, and other mechanical means of recording and reproducing images.

I hereby consent to allow _____ (the "Facility") and its parent company, Generations Healthcare, to produce such media. I also understand and agree that images may be used by the Facility for the following purposes:

1. Identification
2. Training
3. Media coverage
4. Marketing
5. Commercial purposes

I release the Facility and Generations Healthcare of any and all liability that may arise from the use of these photographs, videotapes, or interviews.

I understand that photographs, videotapes, or interviews used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA.

I understand that I do not have to sign this authorization. There will be no consequences should I choose not to sign this form, and my treatment will not be subject to my signing this authorization.

I understand that I will not receive any compensation if my photograph, videotape, or interview is released and/or used by this Generations Healthcare facility.

I can cancel this authorization at any time by notifying the facility in writing.

Unless otherwise revoked, this authorization will expire in 99 years, unless otherwise noted here:

_____ (Date)

_____ Print

_____ Signature | _____ Date

Resident/Responsible Party or Employee

_____ OR _____

I decline to participate.

_____ Print

_____ Signature | _____ Date

Resident/Responsible Party or Employee