

Attachment A



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.



Language assistance services

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-682-885-4000 or speak to your provider.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستكون خدمات المساعدة اللغوية المجانية متاحة لك. وتتوفر أيضًا مساعدات وخدمات إضافية ملائمة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على 1-682-885-4000 أو تحدث إلى موفر الخدمة الخاص بك.

繁體中文 (Chinese)

注意: 如果您讲简体中文, 我们可为您提供免费的语言协助服务。还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。请致电 1-682-885-4000 或与您的服务提供商联系。

Français (French)

À L'ATTENTION DE : Si vous parlez français, une aide linguistique gratuite est à votre disposition. Des aides auxiliaires et des services appropriés qui donnent des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-682-885-4000 ou parlez-en à votre prestataire.

Deutsch (German)

BITTE BEACHTEN SIE: Für den Fall, dass Sie Deutsch bevorzugen, stehen Ihnen kostenlos unterstützende Sprachdienste zur Verfügung. Dasselbe gilt für besondere Hilfsmittel und Hilfsdienste zur Bereitstellung von Informationen in zugänglichen Formaten. Bitte wählen Sie die 1-682-885-4000 oder wenden Sie sich an Ihren Gesundheitsdienstleister.

ગુજરાતી (Gujarati)

ધ્યાન આપો: તમે ગુજરાતી બોલતા છો, તો તમને ભાષાકીય સહાયતા માટે નિ:શુલ્ક સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે ઉચિત પૂરક સહાય અને સેવાઓ પણ નિ:શુલ્ક ઉપલબ્ધ છે. 1-682-885-4000 પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

हिंदी (Hindi)

ध्यान दें: अगर आप हिंदी भाषी हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ फॉर्मेट में जानकारी उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएं भी मुफ्त में उपलब्ध हैं। 1-682-885-4000 पर कॉल करें या अपने प्रोवाइडर से बात करें।

日本語 (Japanese)

注意: 日本語を話される場合は、無料の言語アシスタンスサービスがご利用になれます。アクセスできる形式で情報を提供するための適切な補助器具やサービスも無料でご利用になれます。電話 (1-682-885-4000) またはプロバイダーにご相談ください。

한국어 (Korean)

주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-682-885-4000으로 전화하거나 서비스 제공 업체에 문의하세요.

ພາສາລາວ (Laotian)

ແຈ້ງໃຫ້ຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາໄດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ ມີໃຫ້ທ່ານ ຊຸບຂາວຊ່ວຍແລະບໍລິການທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າໃຈ ງ່າຍ ກໍມີໃຫ້ໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍເຊັ່ນກັນ ກະລຸນາໂທ 1-682-885-4000 ຫຼື ໃຫ້ສືບທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ

فارسی (Persian)

توجه اگر به زبان فارسی صحبت می کنید، خدمات رایگان کمک زبانی برای شما فراهم می باشد. ابزارها و خدمات کمکی مناسب برای ارائه اطلاعات در قالب های قابل دسترس نیز به صورت رایگان در دسترس شما می باشند. با شماره 1-682-885-4000 تماس بگیرید یا با ارائه دهنده ی خدمات خود صحبت نمایید.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах также бесплатны. Позвоните 1-682-885-4000 или обсудите тему с поставщиком услуг.

Español (Spanish)

ATENCIÓN: si habla español, contamos con servicios gratuitos de asistencia lingüística para usted. Los servicios y las ayudas auxiliares apropiados para proporcionar información en formatos accesibles también están disponibles libre de costo. Llame al 1-682-885-4000 o hable con el profesional de salud que lo atiende.

Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, mayroon kang magagamit na mga libreng serbisyo ng tulong sa wika. Mayroon ding mga naaangkop na auxiliary na tulong at serbisyo na magbibigay ng impormasyon sa mga accessible na format na magagamit nang libre. Tumawag sa 1-682-885-4000 o makipag-usap sa provider mo.

اردو (Urdu)

توجه فرمائیں: اگر آپ اردو بولتے ہیں، تو زبانی معاونت کی مفت خدمات آپ کے لیے دستیاب ہیں۔ معلومات فراہم کرنے کے لیے قابل حصول فارمیٹس میں موزوں اضافی امداد اور خدمات بھی مفت میں دستیاب ہیں۔ 1-682-885-4000 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tiếng Việt (Vietnamese)

NƠI NHẬN: Nếu quý vị nói Tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-682-885-4000 hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.