

# Consent to collect, use, and disclose stories, photos and/or video and sound recordings.

Complete this form when a photo, audio, video or written recording is needed for media, promotions, publications, education, presentations, online or other similar purposes.

<b>Name of individual being recorded:</b>	
<b>Carewest Site:</b>	<b>Date:</b> YYYY/Mon/DD
<b>Name of individual giving consent:</b> <input type="checkbox"/> Self <input type="checkbox"/> Authorized Representative Name: _____ <div style="text-align: right;"><input type="checkbox"/> <i>Representative Authorization Confirmed</i></div>	
<b>Type of Recording:</b> <input type="checkbox"/> Photos <input type="checkbox"/> Videos <input type="checkbox"/> Sound recordings <input type="checkbox"/> Writing/Stories/Narrative <input type="checkbox"/> Other: _____	
<ul style="list-style-type: none"> <li>It has been explained to me that the materials will be used by Carewest for education, awareness, fundraising and/or promotion purposes within its care centres and at other venues in the community of Calgary and surrounding area.</li> <li>I authorize Carewest to record me and/or take my photo and use them in communications about Carewest programs and services. I understand there are many ways of sharing communication, including printed and electronic methods. I understand that the recording or photo may be shared with a range of people and groups.</li> <li>I understand why these recordings and/or photos are being taken and how they may be used. I know that there are risks and benefits to giving this consent. I know that I can stop this consent at any time by informing Carewest in writing.</li> <li>I understand that Carewest cannot control information once it has been shared outside of Carewest. I understand that if I ask Carewest to stop using my recordings and/or photos it will only stop additional <i>internal</i> use of those recordings and/or photos after the date my request is received by Carewest.</li> <li>I agree to release and discharge Carewest and those that Carewest is responsible for at law from the responsibility and liability of the content and claims for the printed/electronic communication where my information was used. I confirm that this release and discharge shall be binding upon my heirs, executors, administrators and assigns.</li> </ul>	
<b>Signature of individual/authorized representative giving consent</b>	<b>Date</b> YYYY/Mon/DD
<b>Expiry Date:</b> <input type="checkbox"/> None   OR   YYYY/Mon/DD	
<b>Witnessed By (Name):</b>	<b>Date</b> YYYY/Mon/DD
<b>Witness Signature:</b>	

The information on this form is being collected under section 22 (3) and 23 of the Health Information Act and/or section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of recording consent to the disclosure of health information and/or personal information in the specified recording. Information collected on this form will be retained in Communications. For questions about the collection of your information please contact Communications at 403-943-8158.