Authorization for Photographs and Publication of Volunteers

As a Volunteer, I, _____, authorize West Virginia United Health System, Inc. ("WVU Medicine") to photograph, videotape, or write and publish photographs or video which may include me in publicizing the work and activities of WVU Medicine hospitals and clinics and University Health Associates. I also authorize WVU Medicine to use my photo for purposes of Identification on any ID Badge provided to me, and any other internal publications related to my volunteer work with WVU Medicine.

This authorization shall expire three years from the date below. I understand that I have the right to stop photography, videotaping or an interview at any time, and to revoke this authorization at any time.

To revoke an authorization, communicate in writing to: Privacy Officer, WVUH Health Information Management Department, P.O. Box 8049 Morgantown WV 26506. Revocation does not affect disclosures made while the authorization is in effect.

Date: _____

Signature: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Email: _____

Witness: _____

Authorized use of photography, recording or publication: Please check

☐ News media ☐ Marketing materials ☐ Newsletters
☐ Websites and social media ☐ Internal communications ☐ Other (specify)