

# Carolina Family Health Centers, Inc.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center • Wilson Community Health Center

## Photograph/Videotaping/Filming Consent Form

Carolina Family Health Centers, Inc. recognizes the need to ensure the welfare and safety of all people taking part in any activity associated with our organization.

We will not permit photographs, videos or other images of people to be taken without consent. We request your consent to take photographs and/or videos of the event or activity that may contain images of you and/or your child(ren). It is likely that these images may be used as:

- a record of the activity or the event
- publicity material for further activities or events on leaflets/websites/magazines
- illustrations of the activities or events in published articles
- future grant applications
- staff and student training and education

If a photograph and/or video is taken for monitoring treatment, the photograph will be kept confidential and not used for the purposes stated above. CFHC, Inc. will take all steps to ensure these images are used solely for the purposes they are intended.

If you become aware that these images are being used inappropriately, you should inform CFHC, Inc. immediately.

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*I hereby give my permission to Carolina Family Health Centers, Inc. to take photographs and/or videos of me and/or my child(ren). I waive all rights to these photographs and/or videos. I give my permission for the photographs and/or videos to be published or distributed publicly if needed for the purposes of promotion, education, and training. I understand that my name, telephone number, and address are for CFHC, Inc. records only, and my personal information will not be released to anyone without my permission.*

Please check the box that applies:

Treatment

Promotion/Publication

Education/Training

Name of Event: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person(s) Photographed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian or Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Name: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_