

**Consent for Interviews, Photography and Videotaping**

I, \_\_\_\_\_, give permission to Health PEI and its facilities or programs, to allow:

- Interviews
- Photography
- Videotaping
- Audiotaping

I understand the above may be used in Health PEI publications and/or by the media for a number of purposes.

I understand that Health PEI cannot be held responsible for the final presentation of information, videos and photographs used by external media sources.

I understand that I am entitled to refuse to consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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**To be completed by Staff:**

Patient/Client/Resident Name: \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Media Outlet/Regional Use: \_\_\_\_\_

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