



Informed Consent to Photograph and Record

Always Caring. Always Here.

801 Middleford Road • Seaford, DE 19973
302-629-6611 • www.nanticoke.org

Photographs, video, audio, and film play an important role in Nanticoke’s ability to share its story and to provide education to its patients, staff, and community. This form provides Nanticoke informed consent for use of photographs and recordings provided today for the purpose of marketing, including advertising, press and public relations, event promotion, and/or educational purposes.

If you do not fully understand any of the below form, please ask.

If, in the future, you wish to withdraw this consent, you have the right to do so at any time by writing to Nanticoke Health Services (Attention: Risk Management, 801 Middleford Road, Seaford, DE 19973). Your choice of consent level will not affect your treatment within Nanticoke Health Services in any way.

To Be Completed By The Person Giving Consent

- Patient ___ Legal Guardian/Next of Kin ___ Power of Attorney
- ___ Employee ___ Physician ___ Volunteer ___ Other

Consent type: Open Publication

I understand the images, audio and/or videotaping provided on _____ may be used for:

- Publication in or by a news journal or educational journal
- Newspaper or marketing publication
- As part of a display, brochure, leaflet, or other collected material
- Open access website
- Textbook
- Other _____

Name of patient or person being photographed or recorded (print):

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Name of Signatory (print):

Signature: Date:

Phone: Email:

To Be Completed By Nanticoke Health Services Representative

NHS Representation: _____

Date: _____ Other/Notes: _____

