

Photo/Video Consent and Release and Communication Authorization

I give Atrium Health ("AH") the right to use and/or reproduce photographs, video, likenesses, or the voice of me/my child in any legal manner and for the internal or external promotional and information activities of AH, including on closed or public websites/intranet web pages/social media sites used by AH or the school system. This permission includes allowing the AH Sports Medicine Team and AH to post pictures of me/my child at a sporting event, at school, or in the athletic training rooms. I also agree that the AH Sports Medicine Team may use unsecured methods to communicate with me/my child, such as through unencrypted email or social media platforms or engines. I understand the risks of using these communications and agree that AH may use them to communicate with me/my child, such as to make appointments to see the AH Sports Medicine Team or to follow up on care. I also agree, for myself and my child, to give up any present or future compensation rights to use of the above stated materials. The medical information learned during encounters with AH Sports Medicine Team will not be disclosed by AH under this Authorization. I understand that AH and other health care providers do not control third party media sources or what they do with the information they obtain. This Authorization will expire when the pictures, videos or materials are no longer in use.

Please note the following:

- You are not required to sign this photography and video Authorization to receive services through the AH Sports Medicine Team. The student can still receive services even if this photography and video Authorization is not signed.
- You have the right to revoke this photography and video Authorization at any time by sending a written request to the Chief Privacy Officer, Atrium Health, P.O. Box 32861, Charlotte, North Carolina 28232. Note that revocation of this photography and video Authorization does not apply to any information that was properly released un this Authorization before we received your request to revoke it.
- Information used or disclosed based on this photography and video Authorization may be subject to re-disclosure by the recipient and will no longer be protected by this Authorization or the privacy laws.
- You are entitled to a copy of this Authorization.

I have read and agree to the above Photo/Video Consent and Release and Communication Authorization.

Printed Name of Student over 18 or Parent/Guardian

Student over 18 or Parent/Guardian Signature

Date